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ORIGINAL DEPARTMENT.

LECTURE.

CONGENITAL DISLOCATION OF THE HIP-JOINT—EXCISION OF THE HIP-JOINT.*

BY H. R. WHARTON, M. D.,

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The first case I shall bring before you to-day, is this little girl, five years of age, whom I will ask to walk to the table so that you can observe her method of locomotion.

You notice she walks with a decided limp on the left side, and also that there is tilting of the pelvis, and that her gait is a peculiar waddling one.

I now have her undressed, and ask her to stand upon the table, and you see that the left limb is decidedly shorter than the right, and that when the weight of the body rests upon the left foot, the pelvis is tilted. You see also a projection of the left buttock, most marked a little below and behind the anterior superior spinous process of the ilium, and that the limb is adducted, so that the deformity we have here clearly resembles that seen in the third stage of hip-joint disease. In addition, on examining the most marked portion of the swelling, just mentioned, you see that there is some redness of the skin, and upon palpation I can detect a sense of fluctuation, so that the appearances are strongly those of an abscess, which is not an uncommon complication in the stage of coxalgia of which this patient presents the symptoms.

Now, when I place her in the recumbent

posture, and grasp the affected limb firmly, and make extension, you see that I am able to overcome the shortening, and you will also notice that the projection on the buttock has in a measure disappeared.

I am also able to abduct, adduct and circumduct the limb, and to flex it by the use of little force and without causing the patient the slightest pain.

If I now withdraw the extending force, the shortening re-appears, and also the marked prominence on the buttock; and upon examining further, I find that the great trochanter has assumed a position behind and below the anterior superior process of the ilium, as may be proved by measurements according to Bryant's or Nelaton's line.

The prominence here upon the buttock is due to the head of the bone in this abnormal position, and also the development of an adventitious bursa in the tissues over its location, so that, I think, we have here a case of the so-called congenital dislocation of the hip-joint, and not one of coxalgia, as might, upon a superficial examination, be supposed. In this diagnosis, Prof. Ashhurst, who examined the case yesterday and referred her to the clinic to-day, concurs.

As regards the pathology of this so-called dislocation of the hip-joint, I think at the present time that all authorities agree that it is due to a malformation or want of development of the acetabulum which allows the head of the femur to slip upon the dorsum of the ilium, the capsular ligament being much lengthened and thickened.

The older theories of its production during fetal life by uterine contraction and that of its traumatic origin during labor are

* Delivered in the Children's Hospital.

now generally disregarded, for if due to either of these causes, the head of the bone would be outside of the capsular ligament, which is proved not to be the case in the specimens that have been carefully examined post-mortem.

This condition is not generally recognized until the child begins to walk, and is then often mistaken for coxalgia, a mistake one might easily make unless a careful examination were made. You noticed the awkward gait this child exhibited in walking, and this is even more pronounced when both hip-joints are involved—when the waddling gait is most characteristic. When these cases are allowed to go about without any apparatus, we have developed a compensating spinal curvature from the tilting of the pelvis.

As regards treatment, the result to be obtained is not very satisfactory; various apparatus has been devised with the object of fixing the head of the bone in its normal position, and allowing a certain amount of motion so that it might form for itself an articular cavity in which the head of the bone might rest and be held by the thickening of the surrounding tissues. Dr. Buckminster Brown, of Boston, has reported one very good result of this kind, but the time and apparatus required to obtain such a result would only render it possible in a few selected cases.

The wearing of a pelvic belt with pads so arranged as to fix more or less completely the head of the bone has been recommended, but upon the whole, I think that those who have had the most experience with these cases advise the use of a high shoe on the affected limb to prevent tilting of the pelvis and its consequent compensating spinal curvature, and rest in the recumbent posture for a portion of the day.

So we will order for this little girl a shoe with a sole and heel one and a half inches high, and after she has worn it for a month we will ask her mother to bring her back to the hospital, so that we may see the result of the use of this appliance.

EXCISION OF THE HIP-JOINT.

The next case I bring before you is this little girl, aged nine years, who has been a patient in the hospital for some months, being admitted during the latter part of the summer suffering from coxalgia of the left hip-joint complicated with an immense abscess which occupied the anterior and lateral regions of the thigh. After her admission this was evacuated by aspiration, and she was put to bed with extension, but the ab-

scess refilled and was then treated by a free incision and the introduction of drainage-tubes to secure free exit for the purulent matter.

The purulent discharge was very profuse, and as the child began to show marked symptoms of exhaustion, the question of excision of the hip was considered at this time; but as the weather was very warm, an unfavorable condition for operation in this class of patients, we thought it better to defer operative interference at the time. Fortunately, she improved slowly from this time in her general condition, and she now has arrived at that point where we think the operation of excision of the hip may be performed with a fair chance of benefiting her condition.

You will notice on examining the case that there are several openings from which pus is discharged, one just below the great trochanter and one on the anterior surface of the thigh, which represents the point of opening of the large abscess of which I spoke. You will also notice marked deformity of the affected limb, which consists in great shortening and adduction of the limb, with eversion of the foot and a prominence upon the dorsum of the ilium, which is due to the fact that there has been in this case a spontaneous dislocation of the femur.

This spontaneous dislocation of the femur in the latter stages of hip-joint disease is not an uncommon accident, and is due to several causes, namely, to separation of the head of the bone at its epiphyseal line, to distention of and ulceration of the capsular ligament, and to muscular action combined with these conditions. Mr. Barwell remarks upon the suddenness of its occurrence, and this has been my experience, and in this case it occurred in the intervals of my daily visits.

The patient being etherized and turned upon her side, I will make the excision to expose the head of the bone, and the incision I make here is the one recommended by Heyfelder, and is the one we generally use in this hospital, as it gives a free exposure of the part to be removed, and leaves a wound, the edges of which can be brought into nice apposition.

It starts a short distance above the great trochanter, parallel with the fibres of the gluteus maximus muscle, is carried down to the great trochanter, then in a curve below it, and is brought forward to the line of the femur, and is finished by a straight incision. I now expose the great trochanter, and in dividing the muscles inserted into it and any fibrous adhesions which exist, use a probe-

pointed knife. Having divided these by manipulation of the limb, I next turn the head of the bone out of the wound. I now remove the head of the bone and great trochanter by sawing across the femur just below the great trochanter with a metacarpal saw, and you notice in examining the part removed, that the head and neck of the femur are represented only by an irregular mass of carious bone. I now explore the acetabulum, and find in it the separated head of the bone, which I remove with my fingers; as the acetabulum seems perfectly healthy, it requires no treatment. If I found carious bone in this location, I would remove it freely. I now round off the sawed end of the femur with bone forceps, and bring the thigh down into position, and find enough bone has been removed to allow the limb to be placed in fair position.

I now tie several small vessels which bleed, and you will notice that the amount of blood lost during the operation has been very small. I now wash out the wound with a one in forty solution of carbolic acid, and introduce a drainage-tube and bring the edges together with a few points of interrupted suture, and then apply an antiseptic gauze dressing and hold this in position by broad straps of adhesive plaster.

An adhesive plaster extension apparatus is now applied to the leg, and the child is put into her bed and lateral support is given to the limb by means of sand-bags. You notice the limb is kept well abducted, an important point in the after-treatment of these cases, and as the patient exhibits some symptoms of shock resulting from the operation, her temperature will be maintained by surrounding her with hot water cans, and she will be given small doses of carbonate of ammonium at frequent intervals, with the object of overcoming this condition.

The after-treatment of these cases consists in dressing the wound as frequently as is necessary, and keeping the limb in good position.

The results obtained after excision of the hip-joint are usually good, as regards the usefulness of the limb, and our object is to obtain fibrous union of the sawn surface of the femur with the pelvis in the region of the acetabulum, and by this means to secure a fairly movable false joint at this position. To encourage the formation of this as soon as the wound is solidly healed, we will practice passive motion, and encourage the patient to move the limb with the same object in view.

The immediate results of excision are gen-

erally very good, but in a large number of completed cases you will find that the mortality is not insignificant—many cases dying of exhaustion, following the profuse suppuration, or of visceral disease, the result of this; and in some cases recurrent caries occurs in the femur or acetabulum, for which a re-excision has been performed with satisfactory results.

In view of the mortality resulting from this operation, and it is a serious one in cases whose constitutional condition is such as you see here to-day, we in this hospital do not practice early excisions, but reserve the operation for cases in the later stages of the disease, when the patient's life is endangered from this cause, or when, as in the case you have just seen, there is great deformity associated with the previous condition, which, even if recovery took place, would leave the patient with a useless limb.

So that upon the whole we adopt a conservative method of treatment, endeavoring to obtain a cure if possible, even if some deformity results, and when the active symptoms of disease have subsided, we then correct this deformity by means of subcutaneous osteotomy of the femur in Gant's line, that is just below the lesser trochanter of the femur, which is a comparatively safe operation, and gives excellent results as regards the usefulness of the limb.

[This case was shown in the clinic a month after the operation, with the wound of excision solidly healed; the only point remaining open was the sinus on the thigh, from which a small amount of pus continued to escape. There was a fair amount of motion in the new false joint, and her general condition had much improved.]

COMMUNICATIONS.

AN ADDRESS DELIVERED AT THE ANNUAL COMMENCEMENT OF THE MEDICO-CHIRURGICAL COLLEGE OF PHILA- DELPHIA.*

BY FRANK WOODBURY, M. D.,

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MR. PRESIDENT, LADIES, AND GENTLEMEN: It is an honor to be here. No ordinary occasion now engages our attention; no summer-day pastime, which these flowers and sweet strains of music are meant to

* Delivered at Association Hall, Philadelphia, April 3, 1886.

gracefully adorn; but it is a solemn ceremonial at which you have been invited to assist. The deep significance of our proceedings is realized by these successful candidates who have been crowned in your presence; but still more is it felt by the Faculty, who have labored long and earnestly, in order that these shall be found fully prepared for the responsible duties which await them. The honorable Board of Trustees of the Medico-Chirurgical College, upon recommendation of the Faculty, have conferred upon each the degree of Doctor in Medicine, with all the honors, rights, and privileges thereunto pertaining. Their authority for so doing is derived directly from the Legislature of this Commonwealth, to which they are also responsible for its proper exercise. Among the rights conferred by the trustees, as witnessed by the diploma now in the hands of each of these graduates, is the right to practice medicine in the State of Pennsylvania. The diploma itself being the license to practice, it need only be registered at the prothonotary's office in order to allow its possessor to engage at once in the active duties of his profession. Owing to the preliminary examination required by this institution, and its three years' graded course, its diploma is also recognized elsewhere; for instance by the State Board of Health of Illinois, which refuses to acknowledge the diploma of those colleges which graduate students at the close of the second year's study, and which exact no preliminary examination.

The Legislature of Pennsylvania has not only required of the medical colleges of this State that they shall determine and pronounce upon the fitness of their own students, but as the law has been interpreted by the Supreme Court of Pennsylvania, they are also made to judge and pass upon the standing of all physicians graduating from foreign schools who wish to enter upon practice here. After examination, if they are found worthy, their diplomas must be endorsed by the dean of the faculty before they can be registered. Failure to do this is visited by a heavy penalty by the law.

The burden of responsibility resting upon Trustees and Faculty, is therefore no light one, and it is both gratifying and encouraging to us to have such an attentive and appreciative audience to assist in this ceremony.

And yet, such occasions are no novelty to the citizens of Philadelphia. More than a hundred years ago—nearly a century and a quarter—the foundation of the first medical school in this country was laid in this city, by Drs. Wm. Shippen, John Morgan,

Adam Kuhn, Benjamin Rush, and Thomas Bond.

"The men of old built well."

Witness the present high standing of the Medical Department of the University of Pennsylvania, now 121 years old. Witness our other great school, founded in 1825, by George McClellan, the Jefferson Medical College, which has probably the largest number of living graduates in medicine of any college in this country. Witness our more recent accession, the Women's Medical College, which is doing more to fit women for the higher walks of the profession, than any similar institution in the world;—it is, I am happy to say, successful and prosperous, and deservedly so.

During the century and a quarter, with but few exceptions during the dark days of the Revolution, annually have the colleges called upon the community to aid in this public ceremonial. In that time, nearly twenty thousand graduates in medicine have gone out from these schools to all parts of the world, carrying to all lands the testimony of proficiency of their teaching, and broadly publishing the many attractions of our City of Brotherly Love. Well did William Penn describe it. He said: "Of all places in the world, I remember not one better seated."

You do well to cherish your medical schools. They bring every year hundreds of young men to this city to form acquaintances and friendships which are not broken by separation, but serve as bonds securely binding Philadelphia with other parts of the Union, thus establishing firmly its old-time position as the Keystone State. Not only have they encouraged strangers to visit the city, but the Colleges by their very existence have stimulated the growth of hospitals and dispensaries, and charitable work among the sick and needy, so that it can truly be said that no one in this city is so poor as to be unable to obtain medical care in sickness, and proper treatment, if he desire it.

Indeed, the medical schools and clinical opportunities of Philadelphia are not without a reflex influence upon the doctors themselves. It does us good, at times, to see ourselves as others see us; and I therefore, without affectation, may repeat what Mr. Bancroft has so well said in a recent article in the Century Magazine. (Article on Henry Clay, etc.) "Philadelphia, seemingly by some divine right of succession, has always a constellation of men, adepts in the science of life, and alike skilful and successful in practice."

I would not dare attempt to read over the long list of the distinguished physicians, who in the past have graced your annals, nor attempt the invidious task of sounding the praise of those who are now most prominent in maintaining its old-time reputation as the Mecca of American medicine. Nor would I, as *laudator temporis acti*, forget the obligations of the present. Medicine is a progressive science. The times change, and we are changing with them. The science of medicine is not to-day what it was one year ago, much more is it not what it was a decade or a score of years ago. The advance in our knowledge of the nature of the disease within only a few years has been little short of marvelous. May I briefly indicate some of the more prominent traits which characterize modern medicine, and, incidentally, show how, in some respects at least, the problems presented to physicians of our own day involve peculiar responsibilities, and differ from those not only of the ancients, but from those of even the preceding generation?

In the first place, medicine has been taken from the realm of metaphysical disquisition, and is now firmly established as a branch of natural science. It has no laws at variance with those of the other inductive sciences, it recognizes no infallible dogma, it belongs to no "pathy," and acknowledges no "ism," it is neither "old school" nor "newschool," but if some title is needed to distinguish it, let it be called RATIONAL MEDICINE. It admits no exclusive right to use particular remedies, and will permit none. When the question of the propriety of introducing homœopathy into the Medical School of Naples was presented some years ago, the faculty replied: "The University of Naples is not a proper field for instruction in homœopathy, because the rational system which is imparted here, on the basis of the natural sciences, excludes allopathy, as well as homœopathy, or any other absolute system or dogma. The study of rational medicine is as far removed from the ancient allopathy, with its blood-letting and purgation, as from the recent delusion of homœopathy, with its ridiculous infinitesimal doses and similia similibus medication."* I need not, after this, assure this audience that allopathic medication is not taught at the Medico-Chirurgical College of Philadelphia, any more than it is at the University of Naples.

In ancient Egypt the manner of treating diseases was established by law. The physician was obliged to conform his practice to

the precepts of the sacred books, and was not permitted to change anything. To insure conformity it was decreed that, if by following this method he was unable to save his patient, he was not held responsible for the result; but if he departed from it, and the sick person happened to die, he was punished with death.* How great the contrast, with our present method! Medicine is now unfettered by such restrictive laws. Perhaps it may be thought that too much recklessness is sometimes displayed, and procedures adopted which are not directed by the single motive of the best good of the patient. Too often in such cases the operation is classed as a brilliant success—but the patient dies.

Rational medicine belongs to our own day, since in every age of the world medical science has been obliged to keep pace with other sciences, and the slow growth of intelligence in the process of civilization. The physical sciences, upon which our studies are most dependent, biological chemistry, physiology, and applied physics, have only within our own day attained a sufficient degree of perfection to give support to a system of medicine deserving the name of rational. It was only a year or two ago that the question of spontaneous generation was forever settled by the genius of Pasteur. I need not repeat the familiar story of the labors of Schwann, of Cohnheim, of Koch, of Obermeier, and a host of others in the field of microscopic botany, which have proven conclusively that in the acute infectious diseases generally, there are present in the blood of the patient, or the tissues, or both, microscopic organisms which are classed under the general title of bacteria, of various shapes and sizes, and belonging to the simplest vegetable forms. Not only have they been found in infectious diseases, but in others which are not ordinarily considered as such, like consumption.

The exact manner in which these bacteria act, if they are active, is unsettled; it is probable that they not only rob the blood of pabulum, and by their presence produce irritation and obstruction in the blood-vessels, but they also secrete or excrete in their processes of development certain substances which are highly deleterious to the human body. One of the most interesting and important problems before physicians to-day is, how may the susceptible human system be so modified as to enable it to successfully resist the development of the bacteria, so that the micro-organism may find in it no congenial

* Quoted from Physiology; Preliminary Course Lectures by J. T. Whittaker, M. D., Cincinnati, 1879, page 15.

* Diodorus, lib. i., p. 74.

soil for its development. We know that a patient with bronchitis is more liable to have tuberculosis than if no lesion existed; we know that a man with an exhausted nervous system is more liable to typhoid fever than a man in his normal condition; youth favors the appearance of eruptive fevers; residence in certain localities predisposes to malarial affections, etc.

Now, if men may become predisposed to disease, they may also be rendered indisposed or insusceptible to its influence. Towards this problem of protection from infection much study is now directed. Pasteur believes that he is able to make any one proof against receiving infection from the bite of a mad dog, just as Jenner taught how to vaccinate against small-pox. Researches are now going on in Brazil and Mexico into the protection from yellow fever by means of inoculation; and last year thousands of people in Spain were inoculated with cholera virus. I am informed that in Paris researches are now being conducted in investigation of the question of similar means of protection against diphtheria. The results of these experiments are anxiously looked for; their results upon medical practice I will not predict. Whatever may be the outcome, however, it is certain that epidemics of infectious diseases may be stamped out by other means. During the severe epidemic of small-pox which prevailed last winter in Montreal, where a large proportion of the population was opposed to vaccination, the adjoining communities were threatened by the disease. By the prompt action of the Boards of Health of New York and other states, the epidemic was stayed at their border by proper hygienic precautions, and it obtained no foothold in New York or in adjacent states. It is upon the intelligent appreciation of the laws of sanitary science by the people, and their willing aid in enforcing them, that we now rely when threatened by an epidemic whether of cholera or small-pox. Owing to improved sanitation the plague has disappeared from Europe. Epidemics are no longer regarded as visitations of the wrath of Divine Providence as a punishment for moral sins, but for physical ones. I would here call attention to the Sanitary Convention soon to be held in Philadelphia under the auspices of the State Board of Health, which is calculated to render great public service by directing general attention to the value of sanitary legislation.

Modern medicine has not only overcome epidemics, but it presents more hopeful prospects to sufferers from diseases hitherto re-

garded as beyond the reach of art. Jaccoud has shown that consumption is curable. Flint, whose recent death was such a severe loss to the profession, demonstrated that heart disease need not shorten life; typhoid fever, by modern methods, is very amenable to treatment; diabetes and Bright's diseases of the kidneys are no longer regarded as death-warrants, nor as necessarily debarring from active life. Locomotor ataxia and various paralyses which had been regarded as hopeless, have been successfully treated, and helpless invalids restored to health and usefulness. I will not detain you with the triumphs of modern surgery, the ease and safety with which abdominal tumors have been removed, the excision of cancer of the stomach, or the wonderful operations upon the brain. I will merely say that modern medicine is distinguished not only by its scientific methods and achievements, but also by its appreciation of the importance of other agents than drugs in the treatment of diseased conditions. Everything in the daily life of the patient that can influence his health for good or ill is made the subject of careful scrutiny; his habits, his dress, occupation, food, and surroundings generally, are all passed in review, in order to determine the disturbing element, as a necessary preliminary to its removal; disease being now defined as a disorder or disturbance in the course of physiological life.

There is a problem which has not yet received the attention which it deserves, which I would discuss at some length had I the time and were this the place to do so; it is the influence of the imagination upon the body, and its rational employment in the treatment of disease.

Let us for a moment consider the question of the application of this force in causing and removing disease.

Strictly speaking, disease means a disordered state of the feeling, which may or may not be attended by bodily change. For instance, a patient will complain after amputation of his foot, that his corns still hurt him. Clearly, in this case it is a mental corn that is giving him pain. If you will pardon the illustration, let me ask if this is not the case in every lesion attended by suffering? Not only is there a local injury, but there is also, in direct connection with it by means of nerve tracts, a centre in the brain, which is thrown into activity, and the consciousness thereby becomes disagreeably impressed by a perception of pain.

This centre may be thrown into activity independently of external stimulus, and

pain be felt without a wound; or it may have its activity reduced, and no pain be felt, although a wound be inflicted. It is not generally known that the discovery of anæsthesia by ether, by Morton, checked completely, at least for a time, the growth of painless surgery without anæsthetics. I mean that by the aid of procedures the import of which was not well understood, it had been shown conclusively that many persons could be thrown into temporary unconsciousness, during which state of inactivity surgical operations might be performed without causing them to experience any pain whatever.

Elliotson reported a number of surgical operations done under what he considered as animal mesmerism or magnetism, but which is known as hypnotism at the present day.

In 1856, Dr. Esdaile reported 261 operations performed by him in the hospitals of Hooghly and Calcutta; and many others have been published since then. Repeated trials of this method have now shown that this method is applicable in many cases, and should be made the subject of further investigation. Its superiority over chloroform or ether, for short operations, such as the extraction of teeth, is very obvious, since it is entirely free from danger, and the patient can be restored at once to consciousness, and there are no after effects. In producing this condition, it is well known that the imagination is largely instrumental, as John Hunter was able to determine in his own person.

Physiology teaches that to some extent nutrition is influenced by the mind, and the various sensory, motor, vaso-motor, and trophic nerves, may have their action excited, perverted, or depressed, and thus bring about changes in sensation, muscular contraction, nutrition and secretion.* Disease, even death, has been caused simply by emotion, or by a purely mental state; and as the greater includes the less, we must admit the influence of the imagination upon the body in producing disease. Unzer, in his great work published in 1771, says: "Expectation of the action of a remedy often causes us to experience its action beforehand." This is analogous to the sour taste in the mouth when thinking of lemons, or the nausea excited by the thought of cold drawn castor-oil.

Dr. Oliver Wendell Holmes, in the course

* Illustrations of the Influence of the Mind upon the Body in Health and Disease Designed to Elucidate the Action of the Imagination. By Daniel Hack Tuke, London, 1884, 2d edition. A work which every thoughtful physician should be familiar with.

of some after-dinner remarks, at a reception in Boston at which I was present, said, apropos of old-fashioned doctors, that "when I was a boy I constantly lived in mortal dread of one thing—a dose of ipecac. It was the bane of my existence, and even now in the midst of a dinner party the thought of it makes me sick." He went on to state that a certain doctor with a face that was so yellow that it was almost the color of rhubarb, and who smelt of rhubarb, and who drove a dusty yellow gig that suggested rhubarb as soon as it came in sight, was in the habit of always giving the boys, when anything was the matter with them, a dose of ipecac followed by rhubarb. The mere recollection of it nauseated him half a century afterward.

Without pursuing this train of thought further, allow me to make the deduction that an agent which can modify sensation, motion, secretion, and circulation, so as to cause disease and even death, may be usefully employed in the treatment of disease by those who are wise enough to use it. Let me give an illustration. When Humphrey Davy was making some experiments upon patients with nitrous oxide gas, he placed a small pocket thermometer under the tongue of a patient afflicted with paralysis: the patient, mistaking the thermometer for a talisman, almost immediately said that he felt better; Davy requested him to return the next day, when the same routine was observed, with still greater improvement. This was repeated, says Dr. Paris, every succeeding day for a fortnight, the patient gradually improving during that period, when he was dismissed as cured, no other application having been used.*

The cure of this case was brought about by expectant attention combined with faith and hope, and similar instances abound in medical history. All the cases of healing by the Royal Touch were not impostures; Perkin's tractors did restore many to health, and so did the imitation wooden ones of Dr. Haygarth; metallo-therapy was not a deliberate attempt at deception, nor is the faith cure. The question naturally arises if the effects of medicines can be obtained without administering drugs, why do we continue to order our patients to take more or less nauseous medicine. The answer to this is, that the imagination is all-powerful within certain limits, which it is our duty to investigate and define; outside of these it is not, and there is still a wide field for usefulness of remedies skilfully administered.

* Paris Pharmacologia, quoted by Pettigrew, Medical Superstitions.

A most interesting problem in connection with this is the scientific application of the imagination to *assist* the ordinary remedies in treatment of disease. Dr. Rush is reported as saying that he never gave a medicine without first sitting down and describing in detail the effects which the prescription was intended to produce. His observation had taught him that by following this course he had been much more successful in obtaining desired results, than when the patient was kept in ignorance of his object.

If a morbid condition can be cured by a mental impression alone, it would be morally wrong to give medicine, except for its mental effects.

"Canst thou minister to a mind diseased?
Then throw physic to the dogs."

Under such circumstances physic, beyond all question, should be thrown away; it is the physician's duty to minister to the diseased imagination; if he cannot, he is not fit for the responsible duties of his profession. In other cases, to which more or less of a physical element in the form of bodily ailment is added, the disease may or may not be curable by the same means; but in every case, except in very young children and idiots, or insane, the physician is brought in immediate contact with the mental element of disease, and he should recognize it and give it due consideration in his treatment.

Gentlemen of the graduating class of 1886: Through years of patient toil and arduous preparation, you have been sustained by the bright prospect which to-day is realized. I bid you, on behalf of this brilliant audience and the trustees and faculty here assembled—welcome to the medical profession. Keep your honor bright, stoop to no mean or unprofessional act,

"To thine own self be true";

And it must follow, as the night the day,
Thou canst not then be false to any man."

It was a poetical thought of the ancients that wherever a Greek colony was established, there was Hellas. So I bid you carry with you the thought, that wherever you go you are henceforth an integral portion of the profession; that you are individually responsible for its welfare or disgrace within the limits of your capacity, to serve it or to shame it. Do not dread adversity. Holmes has well said, that "There's no success possible without opposition. Force is always aggressive, and crowds something or other." Subjugate self to your ambition, and let your highest aim be to render yourselves useful.

The times need men—men who their duty

know, and are determined that it shall not remain undone. Your fellow-man needs you—go into a world full of suffering and sorrow, and bind up wounds, soothe the aching brow, restore those who are down-cast, make the deaf to hear, the blind to see, the lame to walk. Bear ever in your mind the dignity of your calling, knowing, as the old Roman has said—

"In nothing do men approach so near to the Gods, as in giving health to man."

NEURASTHENIA.

BY C. C. THAYER, M. D.,
Of Clifton Springs, N. Y.

The dead often teach the living what life never reveals; but there are some diseases and disorders which flesh is heir to, not illuminated by any side-lights from the dead-house. Especially is this true of the heterogeneous forms of functional disorders of the nervous system, most of which present no tangible lesion, or morbid anatomy, but a complexity of symptoms, and an indefinite pathology. From this field of asthenology we have selected neurasthenia—nerve debility, nerve exhaustion—for contemplation and discussion at this regular meeting of this Medical Association.

DEFINITION.

Neurasthenia, from neuron (nerve), and astheneia (strengthless). Aristotle said, "Define your terms, and discussions cease." A clear definition of the *nature* of disease is a "sine qua non" in its intelligent management. Medical literature on this subject, until recently, has been noticeably deficient and defective. From time to time various able articles have been written on this subject, or at this subject, under quite diverse titles, and illustrating a great diversity of thought as to the true nature of the disease. Some of these incongruous titles are as follows: "Nervousness," "Functional weakness of the spinal cord," "functional debility," "exhaustion of spinal cord," "spinal irritation," "nervous debility," "nervous dyspepsia," "spinal anæmia," "spinal hyperæmia," etc. This diversity and indefiniteness are neither strange nor blamable. The same is true of the early history of most diseases both as to their nomenclature, their pathology, and their symptoms, while their treatment never ceases to change. If Prof. Bouchut considered this disease as "nervousness," and Erb as "spinal irritation," and Althaus as "spinal exhaustion," and Brachet as "nerve spasm," and Flint as "functional debility," etc., they in-

deed saw what actually existed, though each may not have seen all. Their views were diverse, and symptoms often taken for diseases, yet these and other experts builded better than they knew even, and laid permanent foundations for further scientific illumination of the nature, classification of the symptoms, and valuable suggestions of means and methods of the treatment of this disease; and let him who can, do more.

SYMPTOMS.

In defining or describing neurasthenia, what symptoms may we find? Every kind; though not all in any one case.

Allow me here to introduce the clinical history of one of many under daily treatment in this sanitarium (Clifton Springs). Age twenty-four (neurasthenia is a disease of mid-life); single; dark complexion; bilious-nervous temperament; skin pale, dry, and variable in temperature to the touch, made hot or cold by slight change of air or excitement; pulse weak, nervous, and variable (about 85); the thermometer temperature normal; tongue large, pale, and trembling; dyspepsia; cold extremities; urine loaded with phosphates, and sometimes oxalates; irritation of bladder, sometimes difficulty of voiding the urine; irritation of ovaries; menses scant; bowels constipated; abdomen flat and hard; appetite capricious; defective vision; dilated pupils; palpitation of heart; roaring in ears; oppressed breathing; a wavy "rushing of blood to the head;" sore or tender scalp; insomnia; voice weak and high in pitch; fear of crowds; an internal trembling or "crawling," and a desire for stimulants.

This patient exhibited all the above symptoms, though not all at the same time.

Dr. Geo. Beard, in his exhaustive treatise on "Nervous Exhaustion," mentions many of the above, and some others, to which I will call your attention: "Headache, congestion of conjunctiva, defective mental control, hopelessness, fear, defective thirst, salivation, podalgia, dysphagia, sense of exhaustion, yawning, rapid decay of teeth, pruritis, and surface paralysis." What an array of symptoms! and yet with equal propriety we might add many more, in fact, any functional symptom may not be considered inappropriate or illegitimate. How, then, may we arrive at an intelligent

DIAGNOSIS?

By the process of exclusion, or differential diagnosis. What diseases are likely to be confounded with neurasthenia? In "Ziems-
sen's Cyclopaedia" Prof. Erb says: "It cannot

be denied that this complaint has a close resemblance in many respects to spinal irritation, . . . and the opinion might perhaps be defended that this disease is essentially for the male sex that which corresponds with spinal irritation in females." That Prof. Erb's "neurasthenia spinalis" can be limited to the *spine* is not so clear. As clear to suppose that the root of a tree may suffer exhaustion, without a corresponding exhaustion of branches. If the neurasthenia spinalis stands for general nerve exhaustion, the subject in hand, then its comparison and essential relation to spinal irritation needs analysis.

That spinal irritation is more than a *symptom* has been denied by many since the able investigations of Dr. Brown, *Glasgow Med. Journ.*, 1828. Prof. Erb, of Heidelberg, one of Germany's ablest neurologists, and others, declare for its individuality; while Stilling refers it to hyperæmia of the cord, Hammond to anæmia of the cord, and Hirsh to some dynamic disorder or irritation which may be due to very different causes. But whether spinal irritation be an individual disease or not, should it ever be confounded with nerve exhaustion? Never, if we bear in mind the ever-distinguishing feature that spinal irritation is characterized by *sensory irritation*, neurasthenia by *motor debility*.

Again, dorsal pains, muscular contractions, and sensitive vertebræ, are prominent and ever-present symptoms of spinal irritation, but not of neurasthenia. And again, in spinal irritation the symptoms are more local, in nerve exhaustion they are more general, varied and complex.

Some have confounded neurasthenia with hysteria. Hamilton has well said "that hysteria simulates a multitude of organic and functional diseases so perfectly," and Beard occupies nearly two pages in showing their dissimilarities, that it may not seem folly to make an otherwise needless remark, that, with a careful consideration of the general and clinical history, muscular paroxysms, mental illusions and hallucinations, tempestuous transitions of tears and laughter, *clavus hystericus* and *globus hystericus*, none need to confound hysteria with neurasthenia.

There is another disorder, by far more liable to be confounded with nerve exhaustion than either of the above, and that is nervous dyspepsia. The pale dry skin, gastric and intestinal disorders, cerebral and cardiac disturbances, insomnia, and sense of oppression, are quite likely to produce confusion, and this confusion is worse confounded by the fact that chronic functional atonic dyspepsia

has a similar pathological condition, and is usually a prominent complication of neurasthenia. How then shall we diagnose the latter with dyspepsia as a complicating symptom, from dyspepsia as a primary and unassociated disease. The following symptomatic comparison will aid in the differential diagnosis:

NEURASTHENIA.	DYSPEPSIA.
As a rule does not result from gastric disorders.	As a rule does result from gastric troubles.
As a rule does not present prominent stomach troubles.	As a rule is attended with pyrosis, fermentation, cardialgia, etc.
As a rule presents nervous debility.	As a rule presents nervous excitability.
As a rule is attended with a feeble, but regular appetite.	As a rule is attended with a capricious appetite.
As a rule does not diminish flesh.	As a rule diminishes flesh.
As a rule does not produce purely mental disorders.	As a rule produces hebetude, depression, and fear concerning heart, kidneys, etc.
As a rule is attended with phosphatic, and often with strong alkaline urine.	As a rule is attended with lithates, urates, and often strongly acid urine.
As a rule is attended with normal secretions and excretions.	As a rule is attended with abnormal secretions and excretions.
Is a kind of paralysis.	Is a kind of a diacrisis.

There is still another condition likely to confuse one in the diagnosis of neurasthenia, and that is anæmia or better oligæmia, signifying not a *lack* of blood, but a *poverty* of blood.

The cold, pale surface, the weak voice, low pulse, reduced strength, ringing in the ears, palpitation and mental incapacity, are all prominent symptoms of nerve exhaustion, as well as of oligæmia, but there are two pathognomonic symptoms that decide in the differential diagnosis. In nerve exhaustion *poverty* of blood is not characteristic; in anæmia it always is. In nerve exhaustion there is no "cardiac bruit," or "venous hum," but always, in anæmia. Then, reduced temperature, syncope, cedema, etc., are not prominent symptoms of nerve exhaustion.

Before concluding this paragraph on symptomatology, permit a reference to some zymotic, sporadic and toxic conditions, like sewer miasm, struma, leucocythemia, malaria and lead-poison, where there are so many symptoms in common that a scientific diagnosis is attainable only by the process of exclusion, or by following Micawber's plan, "to wait for something to turn up."

(To be continued).

—An Italian ship has been sheathed with glass plates, cast like iron plates, so as to fit the hull, to take the place of copper sheathings. The joints to the plates are made water-tight by the use of water-proof mastic. The advantages claimed for glass over copper are insensibility to oxidation and its exemption from incrustation.

MEDICAL SOCIETIES.

THE BALTIMORE ACADEMY OF MEDICINE.

(Continued from page 495.)

Dr. B. B. Browne read a paper on

Traumatic Atresia of the Cervix Uteri, with Two Cases.

Obliteration of the cervical canal is due to various causes, the most frequent cause of traumatic atresia being long and difficult labors, accompanied by laceration and followed by suppuration and gangrene. Formerly when strong caustics were used more freely than at present, constriction and complete obliteration, either of the cervix or the upper part of the vagina, behind which the cervix became enclosed, frequently occurred. In the two cases which I relate the condition was caused by difficult and prolonged labor, followed by a protracted recovery.

Mary G., age 27, 13 years married, was delivered of twins 12 years ago. She was in labor three days, and had puerperal fever afterwards, and was an invalid for nearly one year. Her menses had not appeared, but she suffered with intense periodic headaches, and at times severe convulsions.

Upon examination the vagina ended in a cul-de-sac about two inches deep, which seemed to be separated from the uterus, which could be felt about one inch above. The uterus could also be clearly outlined by rectal examination.

The end of the cul-de-sac was in a line corresponding to the line of cicatricial union, and the cervix separated and dilated. A Gland glass tube was inserted into the cervical canal and a larger one in the vagina. It is a remarkable circumstance in connection with the history of atresia or absence of the vagina, even when no uterus can be found, or only a rudimentary one, incapable of performing its functions, that the artificial formation of a vagina brings considerable relief.

Mrs. Elizabeth W., of small size, aged 27, married three years, one child eighteen months ago, labor said to be very difficult, and accomplished after craniotomy; had a long and protracted recovery. Has not menstruated since, although has had the menstrual molitum.

Examination revealed a stellate laceration of the cervix and complete atresia of the uterus. The uterus was considerably enlarged.

Operation July 6. The canal, which con-

sisted of cicatricial tissue about one-half inch in thickness, was opened and about one-half a pint of thick grumous blood was discharged; the cavity was then thoroughly washed out with hot carbolyzed water, and the curette was also used to remove clots of the grumous mass which were adherent to the walls of the uterus.

One month later, first menstruation came on normally, and lasted three days.

In reviewing the history of these two cases it was evident that the atresia was the result of ulceration and sloughing following difficult instrumental delivery. In neither case was any treatment used to arrest the inflammatory process. The importance of thorough antiseptic vaginal irrigation in all such cases where the lochial discharges become mucopurulent and fetid, cannot be over-estimated.

DISCUSSION.

Dr. H. P. C. Wilson thinks the cessation of menstruation in apparently hearty women without any visible cause very singular. He has seen more women cease menstruating between 20 and 30 years of age than between 30 and 40.

Saw one woman, æt. 21, a picture of health, in whom the menstrual function suddenly ceased. No cause whatever could be found.

Dr. B. B. Browne said as to the opposite courses taken by his two cases after operation, he thought it could be explained by the fact that in the case in which the menstruation was not re-established, the atresia had existed for twelve years, while in the one in which the function was restored the atresia had only been present for eighteen months.

Dr. J. Edwin Michael reported a case of

Antiseptic Amputation of the Breast.

Mulatto woman, æt. 38 years, weighs 235 pounds, mother of ten children. Her breasts were in size proportionate to her weight. The growth was to the median side of the mamma; no axillary involvement. When the operation was finished, the wound measured nine inches in length. Wire sutures were used; drainage-tube laid in the wound throughout its entire length, and protruded from the most dependent angle.

Iodoform and oakum constituted the dressing.

The wound was opened for the first time on the ninth day, and everything was found to have healed; the tube had slipped into wound, and had to be dug out. There was no pus formation. At present the woman is apparently well.

Antiseptic precautions were strictly observed throughout the whole operation.

Dr. H. P. C. Wilson was strongly in favor of antiseptic precautions in all surgical procedures.

Dr. P. C. Williams has had union by first intention and complete healing of the wound by ninth day in his breast amputations, and he has never yet used antiseptics, nor drainage-tube.

Dr. J. E. Michael has also had good results without the use of antiseptics, but thinks as a rule we are safer in using them.

Dr. H. P. C. Wilson is satisfied that in this particular case, where such a large wound was necessary, had Dr. Michael avoided antiseptic precautions his result would not have been so good.

NEW YORK NEUROLOGICAL SOCIETY.

Stated meeting, March 2, 1886.

The vice-president, Leonard Weber, M. D., in the chair.

Dr. Spitzka exhibited the brain of a porpoise, demonstrating the absence of the pyramid tract in this animal, and the enormous size of the auditory nerve, which nearly equaled the lumbar cord of the same animal in transverse section. The comparatively small diameter and shortness of the segments of the lumbar cord, as compared with the dorsal segments, was dwelt upon. The brain weighed a few drachms short of 45 ounces; the animal—a bottle-nosed dolphin—weighed 236 pounds, and was obtained through Mr. Eugene Blackford.

Dr. Spitzka then presented the specimens and history of

A Case of Neuroglomatous Hypertrophy of the Pons Oblongata Transition.

The facial, pneumogastric, and hypoglossal nuclei were distinctly involved. The following was the condition of the tumor and the involved structures:

While the infiltration was diffused over a large area of the oblongata and pons, it was only in a comparatively limited compass that it could be considered as a destructive lesion. It had not advanced uniformly from a given original focus, but had extended in the direction of special tissues, which seemed to favor its progress. Thus, compact nerve-strands seemed to oppose resistance, while ganglionic tissue acted as a guide. The consequence was that the raphe, most nerve roots, and the great strands, such as the ascending root of the fifth pair and the recti-

form column, were either perfectly free or so slightly involved that it was difficult to determine whether they were affected. The vascular districts, particularly of a capillary character, which abound in the reticular field of the tegmentum, also favored the extension of the growth.

Where the lesion was at its maximum, no trace of the normal tissues could be discovered. A finely molecular basis substance, crowded with bodies resembling neuroglia nuclei, but mostly of larger size, and others resembling the small variety of ganglionic cells, but without well-defined processes, predominated over the basis substance to such an extent that even in fairly thin sections nothing but these nuclei and granules could be seen. Many of these bodies were surrounded by a halo, resembling the cell capsule hydropsia, described by Hurbich and Forel; others were imbedded in a hyaline material, presenting an appearance like that of a cell body, including a nucleus. This stained brown in alum-hæmatoxylin, while the nuclei stained a deep blue. The former were not stained by carmine.

But the most remarkable feature were the blood-vessels of the neoplasm; these, distended to their utmost capacity, abounded in at least four-fold the number and size of the opposite side when unaffected. They presented every evidence of rapid growth and enlargement, and many were evidently newly formed, while signs of vascular new formation were common. They were contorted in the most bizarre fashion imaginable. The blood within these vessels was in a condition of stasis; the vascular walls were exceedingly thin, and in many places ectatic. In several places the infiltration had undergone rarification, probably owing to softening and absorption of its hyaline products. An irregular spot of this kind was situated immediately in the concavity of the genu facialis. Another was in the corresponding situation at the head of the roots of the vagus nerve. A third in the very centre of the reticular field, of the pneumogastric rootlets. A fourth has been described as situated in the interolivary layer. In some sections the neoplasm did not cut well, and did not remain in the section, the cut surface showing the appearance usually presented by spots of malacia that have been hardened. This was the case with a spot in the very centre of a focus of the disease, which accurately corresponded to the middle abducens nerve roots.

The motor nucleus of the right trigeminus was seriously involved. Sensory nucleus of

the same in the exit level slightly involved. Right lower facial nucleus destroyed. Right abducens nucleus scarcely involved. Right vagus glosso-pharyngeal nucleus nearly destroyed in higher levels, free in the lowest. Left vagoglosso-pharyngeal nucleus slightly involved in intermediate levels. Hypoglossal nucleus destroyed on both sides in its upper, on the right side in the middle third. The nuclei of the fasciculi testes cannot be identified anywhere.

Of nerve tracts, the pyramids, the transverse pons fibres, and the cerebellar peduncles with their continuations, appear to be entirely free from disease.

The posterior longitudinal fasciculi are both normal above the abducens nuclei; in that level they show slight infiltration on the right side; in the hypoglossal level the right is intensely involved. The right solitary bundle, also known as the round and tri-neural bundle, is greatly involved in its proper substance in the exit level of the tenth and eleventh pairs. Singularly enough, its cephalic termination in the nervus intermedius is free. The ganglionic substance in which the fascicle is imbedded is entirely destroyed in the affected levels, and the destruction extends in the direction of the afferent and efferent fibres.

The nerve rootlets are mostly normal where identifiable. In all but the most intensely affected areas they pierce the lesion without showing any signs of disease. This is notably the case with the abducens nerve. Some of the glosso-pharyngeal levels were lost. The abducens and vagus fibres, however, are distinctly less numerous on the right than on the left side. The right facial nerve, whose peripheral over-hardened portion appears normal, is the seat of intense degeneration; the axis cylinders are destroyed.

The reader thought that in the light of the post-mortem finding, deducing from the intensity of the lesion its age, and correlating it with the observed symptoms, we may infer that the neoplasm originated in the reticular field, which it involved diffusely at the start, including in its area the emerging root of the right abducens and the facial nucleus; that it extended from the latter backwards into the deep nucleus of the mixed system, and progressing towards the raphe and ventricular floor, in the transverse direction extended to the trigeminal nuclei, and to the hypoglossal nuclei and posterior longitudinal fasciculi afterwards; its latest invasion being the interolivary layer.

The gastric vagus nerve functions were the first to be involved in the thirteen months' illness; nausea and vomiting inaugurating the illness, and culminating in attacks of vertigo during the first four months of her illness; drowsiness, aggravated when the stomach was full, was a prominent symptom, and boulimia preceding death. The cardiac functions were involved seven months after the disorder first manifested itself, and became aggravated *sub finens*, as well as the dyspnoea and præcordial fears which are dependent on disturbances of the same nerve. The motor functions of the lateral set of nerves were also considerably involved. Difficulty of deglutition was experienced after four months in continually increasing severity, so that swallowing finally became impossible. The paralysis of the palate was extreme for the last six months, and had been noticed in lesser degree since the fifth month of her illness.

With the above symptoms the destructive involvement of the right vagus nucleus, the invasion of the left nucleus, and the destruction of a part of the vagus roots is in accord. The considerable involvement of the deep or motor nucleus in its upper levels, which I have proposed to term the nucleus of the pharyngeal muscles, is equally in harmony with the progress of their functional insufficiency.

Symptoms of irritation in several instances preceded the evidences of nuclear paralysis, or existed alone. Thus, spasm of the muscles of mastication preceded a slight evanescent paresis of these muscles. The motor trigeminus nucleus was involved, but not destructively so. The total paralysis of the facial nerve was preceded by facial spasm, and the last step in the extinction of the facial nerve functions, the paralysis of the uvula, was preceded by what can be interpreted in no other way than a contracture of the subsequently paralyzed half. It is an interesting fact that the stapedius paralysis which probably accounts for the tinnitus, went parallel with the paralysis of the external branches of the facial nerve, and not with the pharyngeal rami.

The subjective hemi-numbness which at no time involved the left side of the face, was a crossed symptom, in harmony with all other observations. It began four and a half months after invasion, and as it increased became associated with hemi-paresthesia, hemi-paralysis of the pressure sense, and ultimately with hemi-ataxia due to hemi-paralysis of the muscular sense. As the focus of the lesion lay in the mesal half of the

reticular field, we may attribute the maximal disturbance of the weight and pressure sense to it, and the lesser disturbances, due to irritative pressure of nerve tracts, to the infiltrated but undestroyed fields near the ascending fifth root. The terminal loss of muscular sense is to be attributed to the terminal lesion of the inter-olivary layer.

The paper concluded with the following proposition: Sensory disturbance of the extremities, when existing on the side opposite to a facial nerve paralysis, if due to a single focus of disease, is as pathognomonic of a unilateral pons lesion as alternate paralysis of motion is. The difference between the two is merely one of altitude; in the former case the lesion is in the tegmental part of the pons, in the latter case in the transverse fiber mass of the pons, which, as is well known, includes the sagittal bundles of the pyramid tract.

Paralyses of associated eye movements to the side of the lesion are peculiar to the affections of the brain axis; they are, when thus situated, always due to disease of the tegmental part of the pons, and to that part of it which lies inside of the emerging root series of the fifth and seventh pairs. The inter-olivary layer and the other part of the lemniscus are to be excluded from this area, whose focus appears to be near or in the posterior longitudinal fasciculus, as well as in the neighboring reticular area and raphe, and rather cephalad of the abducens nucleus than in the same level.

That form of associated eye movement paralysis which manifests itself in inability to move the eye globes in one lateral direction in the horizontal plane can be produced by lesion situated in and cephalad to the level of the abducens nucleus. It is for this reason that absolute paralysis of the external rectus muscle of that eye which is on the side of the lesion is commonly combined with the associated movement disturbance, as in the case presented.

Nystagmic oscillation in the plane of the disturbed movement may occur in such a case, as is shown by the one to-night related. I believe that this is the first observation of the kind in which the cerebellum and transverse or cerebellar pons fibers were intact. This was not the case with Graux's patient, whose cerebellum was the primary seat of the tumor.

Dr. E. C. Seguin being requested to open the discussion, said that he thought the paper was one which was hardly open to debate, but he welcomed it as a very valuable addition to our literature of these cases.

Dr. M. A. Starr had observed in the specimens and diagrams presented an apparent implication of the acoustic nerve.

Dr. Spitzka said this nerve was entirely unaffected, and explained its seeming implication.

Dr. C. L. Dana made a brief preliminary report of a case which he thought would be interesting in connection with lesions in this region. The man, about forty-five years old, was brought into his ward with a history of having been ill a very short time. He was strong and robust-looking. He was found to have static ataxia; was unable to walk or stand. There was no motor paralysis in any of the extremities. There was anaesthesia of the temperature sense, of the tactile sense, and of the pain sense on the right side from the shoulder down, involving the right arm, right leg, and right side of the trunk; the right half of the face was not involved. There was no anaesthesia of touch, temperature, or pain sense on the left side, but in the left hand and arm there was the most marked ataxia which the speaker had ever seen. The arm showed no tremor nor paresis, but any attempt to place it in a particular position would cause it to fly about in a most senseless manner. There were some cerebral symptoms, but the intellect was clear. In a few days there developed some signs of vagus trouble; there was some difficulty in swallowing, partial paralysis of the vocal cords, inability to speak loud. The patient died after about three days from the entrance of food into the respiratory tract.

At the post-mortem examination there were found a small aneurism of the basilar artery, a recent thrombus of both vertebral arteries; near the upper aspect of the right half of the floor of the fourth ventricle was a small spot of softening. The latter lesion, it seemed to him, would account for the ataxia of the left arm. He had not yet prepared the brain further than to photograph it.

Dr. A. D. Rockwell said the difficulty in locating cerebral lesions was greater than one's reading might lead him to suppose. Out of a large number of cases of hemiplegia which he had seen, there was only one in which the symptoms were so distinct that he felt quite sure as to the location of the lesion. This occurred about a year ago, in a man whom he saw with Dr. A. W. Garman. The patient had a profound apoplectic stroke; deep coma supervened, with unconsciousness for some time. There was hemiplegia upon the right side; upon the left side there was facial paralysis. There

was conjugate deviation of the eyes. The symptoms were so distinct that he ventured to locate the lesion in the lower lateral portion of the pons. The patient died within a few days, but an autopsy was not obtained.

CHICAGO MEDICAL SOCIETY.

OFFICIAL REPORT.

Stated meeting, March 1, 1886.

The president, C. T. Parkes, M. D., in the chair.

Dr. P. C. Jensen read the first paper of the evening, entitled

Digestion and Dyspepsia.

The author entered into an elaborate discussion of the physiological processes of digestion, the departure from normal, and the treatment of gastritis, ulcer of stomach, and atonic and nervous dyspepsia. Owing to the length of the paper, the author was obliged to omit a large portion of it.

Dr. J. Frank thought that in the diagnosis of stomach disease, pain under the left shoulder would not be a pathognomonic sign in case any cardiac trouble co-existed. It is well known that patients with cardiac disease complain of pain under the left shoulder. He had found that the majority of cases of dyspepsia are due to dilatation of the stomach and disease of the pancreas.

Dr. C. C. P. Silva spoke of the omission, among the cases enumerated by the paper, of that common form of indigestion due to the excessive use of tea or coffee, especially when the tea or coffee has been boiled for a long time and drank after all the aromatic principles have been evaporated, and there is left only the tannic acid, which precipitates pepsin. This is one of the most frequent causes of indigestion with ladies who abstain from cooking much, and use only tea which is not freshly made, with bread and butter, taking such a lunch frequently.

Dr. Jensen, in concluding the discussion, said that he had found that in dyspeptic, as well as heart troubles, there is pain under the left shoulder. It is a symptom of dyspepsia when other affections can be excluded. As to dilatation of the stomach, it is often a cause of dyspepsia, and he had found it especially prevalent with beer drinkers who drink beer in large quantities, ten to twenty glasses a day. As to disease of the pancreas being a cause of dyspepsia, it is a very obscure organ, and it is difficult to diagnosticate disease in it. In regard to long-drawn tea and coffee being an influential factor in the production of dyspepsia, he had observed that drink-

ing too much liquid of any kind with the food has a very deleterious effect upon the digestion; reducing the quality of the gastric secretion, and thereby hindering the proper digestion of the food.

Dr. J. H. Etheridge read a report of

Two Unique Cases of Vesico-vaginal Fistula.

In the first case the bladder appeared to be torn across from side to side about 1½ inches from the meatus urinarius, and the "flap" thus liberated was hermetically sealed to the posterior wall of the vagina. The cervix uteri was completely surrounded with adventitious connective tissue, in whose meshes was retained menstrual fluid.

In the second case, following a very protracted, severe labor, wherein the forceps had been fruitlessly used, and twelve hours later delivery was allowed to be spontaneously accomplished, the most extraordinary results ensued. *The right ovary and uterus had completely disappeared by sloughing.* The left ovary remained.

The President said he thought it a well-established fact that there is a possibility of an accidental expulsion of the uterus and its appendages occurring in connection with labor. During the past year there has been quite a discussion on the question whether it is possible for such a thing to happen; and so

far as the extract published in the *British Medical Journal* goes, it seems to prove that cases do occur in which, as far as we know, no interference with forceps or otherwise was made, and yet there was extrusion of the uterus and its appendages, and sufficient constriction thereof to produce sloughing and entire loss of these organs.

Dr. F. M. Weller remembered a case in which rupture of the bladder into the vagina occurred, and the only cause to be observed was some gravel-stones found in the bladder. He had no doubt that they were the result of vesico-vaginal fistula.

Dr. R. Tilley inquired if he had asked the physicians who attended these cases if forceps were used?

Dr. Etheridge knew nothing of the antecedent histories of these patients. The first was a Bohemian woman, who spoke German indifferently, and it was difficult to get her history. The second patient was an American-born girl, and she gave a pretty succinct history of her experience. She was in labor forty-eight hours, consultation being called at the end of thirty-six. Instruments were tried but failed to deliver her, and the physicians gave it up and went home. Finally pains came on, and expulsion of the pelvic contents took place.

(To be continued.)

EDITORIAL DEPARTMENT.

PERISCOPE.

On a Cause of Uterine Displacement, not Hitherto Mentioned. Contraindicating the Use of Pessaries.

Dr. J. Braxton Hicks thus writes in a foreign exchange:

I write subject to correction, but I believe the cause about to be mentioned of uterine displacement and flexion has not been remarked upon, and yet it is not so very rare. Briefly stated, the concavity of the abdominal walls, noticeable in many spare women, will not permit the uterus to take its proper position in the pelvis, but, acting chiefly through the agency of the bladder more or less upon its fundus, pushes this portion back towards the promontory of the sacrum in a much more marked manner than occurs in a normal state, ending in flexion if the uterus be soft and its attachments to the front of the pelvis fairly firm. Again, if the uterus be tied by adhesions, or be already

anteverted more than usual, then this condition is still more increased, and the bladder, unable wholly to rise above the uterus, expands by one arm of its Y-shaped cavity in its empty state above it, thus pressing the fundus down, and the other arm distending beneath the uterus tends to increase the anteversion, pushing up the lower end, thus increasing in two ways the anteversion; so that if the catheter be passed the fundus will be found projecting into the back of the bladder and closely opposite to the sphincter, preventing it easily entering, while it readily passes above and below to the full extent, and thus the functions of the bladder are materially interfered with. As most of these cases occur in single women, the uterus is generally held to the pubic segment of the pelvic floor fairly firmly; but in those who have been delivered the laxity of these front attachments permits the bladder to push the uterus backwards and downwards, so as to bring the back of the uterus in close contact with the anterior wall of the rectum.

In books of anatomy and obstetrics it is stated that the fundus of the uterus reaches to the level of the upper edge of the pubes. This may be taken as generally correct, though from clinical observation I should be inclined to say that it not infrequently rises a little above the plane of the conjugate. The abdominal walls, springing from the edge of the pubes, curve rather forward, and thus do not interfere with the distension of the bladder, at least not to any great extent; nor in the empty state of the bladder with the position of the uterus of normal anteversion; though when the bladder is full it retroposes the uterus towards the sacral promontory. In the condition, however, of the abdomen walls above alluded to, and described in my paper on "Abdominal Tension"—namely, of extreme retraction—the walls become concave and are in close contact with the brim nearly throughout, in some cases resting nearly closely on the anterior surface of the iliacus and psoas, pressing to a not unimportant extent the viscera, etc. And thus it will readily be understood how that, as the bladder is being distended, unable to rise upwards, it pushes the uterus back to a degree to be measured by the difference of distance between the present incurved line of the inner surface of the walls and their former normal state. The uterus thus in course of time assumes a position with its axis approaching that of the conjugate of the middle of the pelvic cavity, the os in the retroposed position being somewhat apparently elevated, but pointing forwards, except when, to a certain extent, it becomes flexed. There is not much space between the rectum and the back of the uterus, and when feces accumulate, as they are apt to do in this starved state of the system, they are more or less closely in contact. As I have pointed out, the pressure the walls exert is considerable—some of it due, as it appears to me, to a kind of permanent contraction of the muscles. This retraction of the walls could not take place without the absence of gas in the intestines; possibly the more solid contact of the inner face of the walls against the firm structures behind sets up a kind of chronic spasmodic state.

I am inclined to think that the uterine dartoid-like attachments are in a state of irritability also. That they are at times capable of this action I have no doubt, and this serves to explain the varying opinions of those who have seen the same case at different times, and it has its parallel in the action

of the homologous dartoid tissue which causes retraction of the testicle. That all this can occur without some sort of uneasiness would be wonderful, and this it is which leads the patient to seek medical aid. Generally the patient is of a neurotic temperament, ill nourished, badly feeding, and much complaining; nor is this, perhaps, to be wondered at, seeing that owing to this incurved state and pressure the abdominal viscera are displaced and interfered with in their movements and functions, thus producing uneasiness, often visible on the face. Accordingly the medical attendant necessarily finds it a difficult task to determine whether the ailment had originated in the uterus, as a cause of reflex bad appetite and nausea, or not. If the pelvic region is much complained of, or if the medical man is over-intent on uterine maladies, he would very possibly be led to examine the uterus, and, finding the organ out of place, might be led to think this the prime cause, and to attempt to correct the displacements by mechanical means. Again, if the digestive organs were most complained of, the cause of the pelvic distress might be overlooked, or attributed to ovarian irritation, or to the constipation, to neuroses, or to fancy. Supposing, then, that in the course of treatment attempts are made by the medical man to correct the position of the uterus by pessaries, the same forces which pushed the uterus into that position he will find now to resist his efforts; and although he may be able to restore the organ in part and get the pessary into place, he will find it will not—as it cannot, indeed—properly act, and that the patient, instead of being relieved, is more uncomfortable.

The same remarks apply to both conditions, whether retroversion or anteversion: so long as the abdominal walls remain in the same incurved state above described, it is difficult in most cases to elevate permanently the fundus; indeed, all attempts generally increase the distress, and the uterus shortly regains its former position. In this retracted condition of the walls, the ovaries also along with the uterus suffer from the pressure and restraint of free movement, without which none of the viscera can work painlessly and perfectly; but when pessaries are employed, these are almost certain to be brought in contact with the ovaries, and consequently much distress is felt; and this is naturally most severe when rigid pessaries are used, such as are made of vulcanite, coralline, or metal—the kinds most likely to be used in these difficult cases. In some of these cases, it is probable that the uterus was already

retroposed or anteposed—i. e., before the retracted state of the walls occurred; but the clinical aspect of the case is the same, whatever the order of arrival. From a survey of this state of things, I think it will be conceded that the uterus has assumed the position of neutrality to the forces existing about it, and that the treatment should rather be directed to remove these abnormal forces than to drive the uterus in antagonism to them, and thus place it, as it were, between the upper and nether millstones.

Saving Condemned Limbs.

Dr. Sampson Gamgee, in the *Brit. Med. Jour.*, says:

A surgeon's responsibilities are never more delicate and weighty than when he is called upon to review a decision to amputate a limb. To the cases elsewhere published,* in which, from inability to coincide with proposed amputations, I have successfully adopted measures to save limbs, brief notes of a more recent case may be added preliminary to comment.

In compliance with an urgent call into the country, I visited a patient whose leg was to be amputated next day. I gathered from the medical attendant that a fracture through the right ankle had occurred about a fortnight previously; great swelling having supervened, a considerable number of leeches were applied, and then padded wooden splints. When these were removed, after four or five days' intense suffering, a large wound was exposed on the inner aspect of the limb, which was much swollen. Splints were then discontinued, carbolic acid lotion applied, and amputation advised after consultation with a hospital surgeon.

I found the limb from foot to knee greatly swollen and tense, of deep red color, and exquisitely sensitive to the slightest touch. The skin, to the extent of several square inches over the tendo Achillis and on the outer part of the leg, threatened disorganization; and on the inner side of the ankle was an irregularly shaped, deeply excavated wound, measuring from side to side five inches and five-eighths, from above downwards three inches and seven-eighths, and seemingly penetrating in its depressed centre into the ankle-joint. The patient's constitutional state was sound, but pain and want of sleep had produced considerable exhaustion. Unable to concur in the proposed amputation, I

advised twenty-four hours' delay, to test the effect of the treatment which I proceeded to carry out. Carefully supporting the limb, I raised the foot and placed on the outer side from the lower third of the thigh downwards, a double millboard splint, gummed, and padded three inches thick with dry absorbent gauze and cotton tissue. The splint embraced the sole of the foot, which, as well as the whole inner side of the limb, was padded with equally thick and perfectly smooth folds of the tissue. The whole was now smoothly bandaged with long spirals and without reverses, and with equable but decided pressure. Four six-yard bandages were used. The limb was then placed on the outer side in a swing, and I visited the patient with the medical attendant the next day. Pain had been much less, and the loosened bandages denoted great subsidence in the swelling. Taking the limb out of the swing, the bandages on the inner aspect were cut, and the absorbent tissue, soaked with a great quantity of matter, removed; but the millboard splint on the outer side was not touched for some days. The skin was paler and much less sensitive and tense. The same dressing was repeated on the following three days. The improvement locally and constitutionally was then so marked that the question of amputation was not reopened; and henceforward the dressing was only renewed every other day. A considerable slough separated from over the tendo Achillis and the outer part of the leg, and the absorbent tissue before application was lightly sprinkled with some of the following lotion: Four grains of sulphate of zinc, half an ounce of methylated spirits of wine, one ounce of glycerine, and one ounce of water. The wound surface was occasionally touched with solid sulphate of copper. The dense deposit in the leg above the wound softened, and gave evidence of subcutaneous pus, which was carried off by drainage-tubes, one of which was passed several inches up the inner side of the leg, by corkscrew movement, from beneath the upper edge of the wound. Another tube was introduced through a small incision just outside the middle of the tibia. The outer ends of the drainage-tubes were made to project out of the dressings into a tin tray containing dry earth, which could be changed whenever necessary. The more perfectly to immobilize the foot and ankle, a bracket millboard splint was secured on the outer side, so as to embrace the leg just below the calf, and also the outer edge of the foot. Later on, gummed millboard splints were placed on the inner

* Case 49, p. 132, Case 51, p. 137, Case 63, p. 171, Case 84, p. 228, in *Treatment of Wounds and Fractures*, by the author, second edition, Churchill.

and posterior aspects; and it may give some idea of the amount of padding to state that at each dressing half a pound of the absorbent gauze and cotton tissue was used. For the first six weeks the dressing was renewed every other day, after that on Mondays and Thursdays. The patient left her bed for the couch at the end of two months; in another fortnight she removed downstairs, and then the wound on the inner side of the ankle was solidly healed, with fair and steadily improving movement in the joint.

The recovery of the limb was due to a variety of agencies, chief amongst which were immobility, position, pressure, infrequent and dry dressings, with drainage by absorbent tissue, glycerine and tubes. It was remarkable how the very tender limb, which at first could scarcely bear the slightest touch, became comfortable under equable elastic pressure, physiological position, and absolute rest. I have elsewhere* recorded a case in which a patient with a tender swollen leg, similarly treated, spontaneously expressed himself in these words: "It is wonderful how I can bear the limb handled now, and I could not stand a feather touching it last night." Glycerine in such cases acts as an antiputrescent, and by its great affinity for water powerfully aids absorbent tissues in securing perfect surface drainage, and keeping parts clean and sweet without the use of water. The plan of wound treatment, based on physiological principles, which I have enjoyed the frequent privilege of illustrating in these columns, was strikingly exemplified in the case above related. The limb was in such a condition that it was impossible to foretell its recovery with certainty, and it was only by the utmost care at every dressing that the result was attained. But I was from the first hopeful. In a large proportion of cases in hospital and private practice in which I have been called upon to amputate, I have not touched the knife and have spared the limb. A clear conception of physical and physiological principles, unprejudiced application and combination of therapeutic resources according to the circumstances of particular cases, gentle yet firm, painstaking yet not meddlesome manipulation, are very powerful agencies in saving condemned limbs.

The Causation and Treatment of Pneumonia.

Before the Academy of Medicine in Ireland, Dr. Martin read a paper on the occurrence of a large number of cases of pneu-

monia, within a period of three months, in a space about equal to half a square mile in the town of Portlaw. In only one instance did two cases occur in the same house, and one of these was seized while working at a place six miles distant, where he had been residing for three weeks previously, and only returned home to be nursed. No person occupied in attending on or nursing a case was affected, even under circumstances particularly favorable to such a result. In almost every instance a certain amount of unsanitary surroundings existed; and to this, aided by the particularly unfavorable climatic influence which prevailed, he attributed the outbreak—the more so that, in almost every instance, the patient stated that the illness was produced by a chill, caused by exposure when heated by exertion to the peculiarly severe easterly winds which prevailed. Of the twenty-eight cases, twenty-six recovered. The treatment was based on old-fashioned lines; in the early stage, aconite, salines, diaphoretic, poultices, leeches; and in the advanced stage, occasionally flying blisters, and, after their removal, cotton-wool covered by gutta-percha paper; the patient's strength being supported all through by milk, beef-tea, eggs, and occasionally stimulants, but in very moderate quantities. He tried quinine in some cases, and perhaps with advantage; but he preferred brandy when temperature was high, as it agreed better with the patient, and acted more speedily; but, when one considered the very unfavorable circumstances under which he had to treat these patients in their own homes—seldom clean, and amidst extreme dirt and poverty—his opinion on the action of a special drug like quinine could not be very positive or reliable.

Dr. J. W. Moore remarked that while Dr. Martin regarded the infective theory as non-proven, because, save in one instance, no two cases of pneumonia occurred in the same family, yet there was a general history of exposure to chill; and this exposure to chill has been recently advanced as one of the strongest arguments in support of the infective theory in acute pneumonia. The chill caused a certain amount of bronchial catarrh, enabling the virus of the pneumonia to find ready entrance into the system; in fact, the chill produced a traumatic condition of the bronchial mucous membrane, facilitating the entrance of the virus. The specific theory was also objected to on the ground that the disease commonly resulted from a blow or injury, rending the lung, and producing a lesion by which the virus entered the blood.

* Wounds and Fractures, page 187.

From his own observations in Cork Street Hospital, he concluded that in most cases there was an essential or true pneumonic fever; sometimes, a pythogenic pneumonia. The relation of the local lesion to the disorder seemed to be analogous to that of the lesion of Peyer's patches to the essential disorder in enteric fever. That a second case did not occur in the same house, told very little against the zymotic theory, because other people might not have been exposed to the chill.

A Case of Prolonged Rigor in an Epileptic.

Dr. J. Harrington Douty thus writes in the *Lancet*:

H. B—, aged seventy-five; epileptic since an apoplexy two years and a half ago; dementia. I was called the other day to see this patient, who was said by the charge nurse of the hospital ward to be in a rigor. The following note describes briefly the symptoms which presented themselves: She was shivering from head to foot, like one who was in the early stage of an acute febrile illness; her teeth chattered violently; the skin was pale and in a state of "cutis asserina;" her face wore an expression of distress and anxiety; she groaned at times and complained of violent pain "down the back," and said now and then in a stammering way, "Oh, so cold, so cold!" It was impossible to count her pulse or hear her heart-sounds. Respirations were 36. As each breath was drawn the shivering became more violent up to the end of inspiration; the inspiration was noisy, and ended prematurely with a jerky closure of the vocal cords; during each expiration there was a slight but distinct quieting down of the convulsions. The temperature, taken carefully in the axilla, was 98.4°. She was as conscious as she ever is, and, though in a slow stammering way, answered one's questions pretty well. The rigor went on without intermission, the spasmodic muscular contractions which constituted the shivering becoming gradually more severe, and the skin colder and of a blue tint. Twenty-five minutes from the onset of the rigor the patient became unconscious, and a violent epileptic "fit" occurred, the tonic stage of which was absent; a comatose condition followed, lasting for twenty minutes, after which the patient resumed her usual state, though, of course, she was much prostrated. The temperature throughout was at the normal.

Remarks.—Amongst the almost innumerable phenomena which usher in epileptic

seizures, an aura such as this, presenting all the subjective and objective symptoms (excepting pyrexia) of an ordinary rigor would seem to be rare. In this case the stage of "contraction of the facial," which usually precedes that of the "cerebral vessels," seems to have been exaggerated; the spasm spread over the whole cutaneous vascular system, and hence the subjective "cold" and the complete rigor. It was interesting to note that the tonic stage of the fit was absent; probably the muscles were too much exhausted by the twenty-five minutes' duration of the rigor to develop any strong tonic spasm. The "fit," however, was distinctly separable from the rigor, the patient suddenly becoming unconscious, and the spasms of the rigor developing into clonic convulsions of a very severe type. The case is of some interest, too, when viewed in the light of a further testimony to the close pathological analogy between the two phenomena ordinarily distinguished by the names "rigor" and "convulsion."

Gas-forming Bacteria of the Digestive Tract.

The formation of gas in the stomach, such as occurs, for example, a short time after food, causing swelling of the organ, has never been completely explained. Though usually ascribed to fermentation, the exact nature of the process has not been discovered. Professor Miller, in a paper in the *Deutsche Medizinische Wochenschrift*, has investigated this subject. He ascribes the formation of gas in the stomach and intestines to the action of certain forms of bacteria on the carbo-hydrates of the food. These organisms have the common property of withstanding for six to eight hours the acidity of the dog's stomach, which is 0.1 per cent. greater than that of man. If a culture of the organisms be mixed with the food of the animals, diarrhoea ensues in twenty-four to thirty-six hours; and the same result Dr. Miller experienced when he took some of the culture after a meal of potatoes and bread. The symptoms were relieved by a large dose of hydrochloric acid, but he found the bacteria in the fæces for six days afterwards. In the other experiments which were performed, the organisms were added to a digestive mixture containing the food experimented upon, and a large amount of saliva. The amount of gas formed was then roughly estimated by comparing the level of the food before and after digestion. It was found that, of ordinary food, bread and potatoes gave rise to the greatest quantity of gas; while meat, fish,

and some vegetables (for example, boiled endive), gave rise to exceedingly little. Connecting these two series of facts together, Professor Miller states that, in some conditions of the alimentary tract, the organisms will give rise to flatulence, in others to diarrhoea and colic, in others, again, to both sets of symptoms combined. As an indication for the treatment of such conditions, it is evident that the antiseptic drug used must be given before meals, from which the greater part of the carbo-hydrates must be removed.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—Two Annual Addresses before us treat of the general subject of the progress of medical science with uncommon force of expression and clearness of thought. One is entitled, "The Now and Then of Medicine," and is by Dr. Edward R. Mayer; the other, "What is Medicine?" by Dr. Albert L. Gihon, U. S. N.

—The Physicians' Almanac for 1886, is published by Wells, Richardson & Co., Burlington, Vt., for the purpose of introducing "lactated food" to the profession.

—In recent otological literature two interesting reprints are worthy of note. One is on Examinations of the Auditory Organs of School Children, by Dr. Friederich Rezold, of Munich, translated by Dr. Isidor Furst, of New York; and the other is on Catarrh of the Upper Air-Tract, especially in its Effects on the Ear, with Suggestions as to Treatment, by Dr. Samuel Sexton, of New York City. (Vail & Co.)

—The *Weekly Medical Review* announces that it will have a special department on Railway Surgery. We are told that the number of cases treated in the hospitals of the Missouri Pacific system alone, during one year, was over one hundred thousand, and that that system employs one hundred and forty-nine surgeons.

BOOK NOTICES.

Practical Clinical Lessons on Syphilis and the Genito-urinary Diseases. By Fessenden N. Otis, M. D. 8vo., pp. 584. Cloth. Price \$2.00. New York: G. P. Putnam's Sons, 1886.

The present edition of Dr. Otis's work is

in all respects the same as the previous one; as he explains in the preface, he has had a limited number of copies struck off from the plates, principally for the use of his students, and to supply the immediate orders, pending the preparation of a thoroughly revised edition upon which he is now engaged. As the profession have learned to know, and by knowing highly to esteem his treatise, we do not doubt that the revision he will give it will largely increase its future sales.

The Disorders of Menstruation. A Practical treatise by John N. Upshur, M. D. 12mo., pp. 200. Price \$1.25. New York, 1886.

In a series of short chapters, the author describes the symptoms and treatment of amenorrhœa, menorrhagia, dysmenorrhœa, ovaritis, vesical irritation, pelvic cellulitis, the neuroses of menstruation, and the menopause. His style is clear, and from a wide range of reading and observation he presents the most essential features of these pathological conditions and the therapeutical methods which have proved effective. To one who wishes a small manual on this large subject, the present one can be recommended.

Von Ziemssen's Hand-book of General Therapeutics. Vol. IV. William Wood & Co., New York.

The present volume of this comprehensive work is occupied by two essays, one by Dr. Hermann Weber on the Treatment of Disease by Climate, the other on General Balneo-Therapeutics by Prof. Otto Leichtenstern.

Dr. Weber divides his subject into three parts. The first treats of the elements or factors of climate, as warmth, moisture, light, barometric pressure, and electrical conditions; the second, of the classification of climates, which he groups under the marine and inland; and third, the choice of a climate for the treatment or prevention of disease. In the latter part of the volume Prof. Leichtenstern discusses the physiological and therapeutic action of different kinds of baths and of waters when taken internally, and then proceeds to the therapeutic action of the most important groups of natural wells.

It is unnecessary to say that the review of the principles here given is thorough and most instructive. The authors are eminent teachers, and they have had the advantage of long personal acquaintance with the German wells and springs where the science of Balneo-therapeutics arose; nevertheless, we cannot but regret that so little of what they say is applicable to this country without important modifications.

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THE RIGHTS OF THE AMERICAN MEDICAL ASSOCIATION.

Throughout the controversy over the International Medical Congress, we have always maintained that the American Medical Association had the unquestioned right to do with its committees, with its creatures, that which it chose to do. In a recent editorial, we strongly urged this position, and for so doing we have been taken to task by the *Medical Record* in the following language:

"We fear that our usually alert contemporary, THE MEDICAL AND SURGICAL REPORTER, does not read his exchanges. It says: 'The Association has, we maintain, the right to do just exactly that which it chooses; and when it has announced its decision, it then becomes the plain duty of all right-meaning medical men to uncomplainingly abide by this decision. The claim that the Association has not the right of arbitration has been, we say, clearly abandoned by those who at first made this claim, as is evidenced by their determination to refer the matter in dispute to the Association for arbitration.' Turning now to *The American Practitioner and News*, one of the journals which first made this claim, we read: 'The new committee pledged the Association to accept the work of the Committee on Organization. It gave the latter full power to create or destroy, to do or undo, according to what it believed would inure most to the interests of the Congress. It promised that its acts should neither be altered, nor revised, nor interfered with, in any manner whatever. It is true that such a pledge was an unusual one to give, and such a promise an unusual one to make, but both were incorporated in the bond executed by the legal representatives and accredited agents of the Association, and nothing remains for that body, when it meets in St. Louis, but to ratify the contract. This it is in honor clearly bound to do. It has absolutely no choice in the matter.'"

In reply to this criticism, we can only say that while we have great respect for *The American Practitioner and News*, yet we cannot accept its dictum as final, and we must again repeat and adhere to what we have already said, that the American Medical Association, as creator, has perfect control over that which it has created.

ILLEGAL PRACTICE.

In a recent issue we related the effort that is being made by the County Medical Society to break up the illegal practice of medi-

cine in this county, and we are glad now to be able to record the fact that the scoundrel whose case we then detailed has been sentenced to an imprisonment of six weeks; a very light sentence, it is true, but nevertheless it was a conviction and a punishment, and as this is all that the Society demands or the public requires, it is enough. There has been brought to light a law passed in 1860, part of the penal code, that makes it a criminal offence for any man, whether qualified and registered or not, to advertise special treatment for the cure of secret or venereal diseases; and under this act several men, who for years have been carrying on this nefarious practice in this city, were recently arrested. This work is being pushed with great energy, and it is a question of but a short time until the fair fame of Philadelphia's profession will be purged of its parasites.

STATE SANITARY CONVENTION.

We are informed that the State Sanitary Convention, the preliminary circular of which we noticed in a recent issue, promises to be a gathering of great practical value. Dr. William Pepper, the Provost of the University of Pennsylvania, has accepted the Presidency of the Convention; among the Vice-Presidents, we note the names of Ex-Governors, Ex-Mayors, and gentlemen distinguished in all the different walks of life. There will be representatives present from many of the different State Boards of Health, while the State Board of Maryland has signified its intention of being present in a body. A large number of subjects of vital import will be discussed, and altogether the Convention promises to be a most important affair. McCaull's Opera House, on Broad street below Locust, has been secured for the sessions of the Convention.

THE RIGHT TO EXPRESS YOUR OPINION.

Dr. Carl Seiler, of Philadelphia, has been recently subjected to a great deal of inconvenience because he saw fit some months ago, in the course of a scientific lecture before a body of scientific men, to condemn the use of a certain proprietary article, calling it by name, but using, as we understand it, this particular article as an illustration whereby to condemn the use of all proprietary articles, the constitution of which are mysteries to us.

The proprietor of this particular article felt aggrieved by this reference to his wares,

and instituted a suit for slander, or libel, against Dr. Seiler.

We are happy to say that, after weary months of litigation, this suit has been decided in Dr. Seiler's favor, thus vindicating the right of freedom of speech of scientific men, who desire to protect the people from the uncertain and unknown results of secret and mysterious nostrums.

NOTES AND COMMENTS.

Poisoning by Paraffin-oil.

Such cases are sufficiently rare to warrant the reproduction of the case which Dr. George Vincent publishes in the *Brit. Med. Jour.*, March 20:

He was called to a girl aged 15½ years, at 8:15 p. m., and was informed that she had taken a good drink of paraffin-oil in mistake for ginger-beer nearly an hour previously. The quantity was estimated at nearly half a pint; the girl, having put the neck of the bottle into her mouth, did not detect the mistake until she had swallowed this. After the lapse of fifteen or twenty minutes, her friends gave her some salt and water, and she vomited. The following was her condition at the time of his arrival: The surface of the body and the extremities were cold, the face pale and anxious; the pulse feeble but regular, 132 per minute; respiration sighing; and she complained bitterly of pain in the throat and in the epigastric and the left hypochondriac regions. He gave her an emetic of sulphate of zinc, and she vomited freely. He then gave her some chalk suspended in milk, whilst hot-water bottles and the bed were being prepared. The emetic was repeated, and she again vomited freely. She was now placed in bed, rolled up in blankets, and with hot water bottles to her feet and sides. She was perfectly conscious throughout. At 9 p. m. the pulse was 120, respiration sighing, temperature 98.6° Fahr. The pain was less severe. She complained of thirst and chilly sensations. At 11 p. m. reaction had thoroughly set in. The pulse was 104, stronger and fuller. The surface of the body was warm. The axillary temperature was 99.6° Fahr. Pain was less severe in the throat and left hypochondrium, but still severe in the epigastric region. The type of respiration was unaltered, and during the past two hours she had vomited several times.

She passed a restless night, being troubled with an insatiable thirst, for which she was

given milk and a solution of carbonate of magnesia, and upon which she was kept for several days, in fact, as long as the sighing respiration and the abdominal pain continued. The tonsils remained permanently enlarged, and were subsequently excised; but as she was a strumous girl, it is probable that they were enlarged before the accident.

Congenital Malformation of the Hands.

Dr. W. J. Middleton, of Steelton, Pa., reports to the *Med. Record* the following case of congenital deformity, seen in the person of a negro, now twenty-one years of age. He writes: "Each hand has a thumb and three fingers, while the middle finger is absent. The only bones lacking in the right hand are the last two phalanges of the middle finger. The proximal phalanx exists, and is of normal size, but instead of presenting in a straight line, it inclines toward the ring finger and articulates with a second phalanx common to both of these proximal phalanges. Both bones are encased in one integumentary covering, and form but one finger. The metacarpophalangeal articulation of the middle finger is very loose, and flexion leaves an interspace at the knuckle. The extremities of the two phalanges are not united into one bone, but are movable upon each other. The left hand lacks all the bones of the middle finger, and is cleft to the carpus. The two almost equal halves of the hand can be approximated and separated at will. The index finger of this hand has a veritable double joint at the knuckle. This joint has the usual forward flexion motion, and an almost equally perfect lateral flexion toward the ring finger. This motion results from the introduction of a sesamoid bone into the joint, a wedge-shaped bone, larger on the thumb side of the joint. The finger is as nearly straight as is usual. The man says that his parents and brothers are perfectly formed, and he knows of no reason for the deformity. His hands, notwithstanding the malformation, are large and strong. His business is to carry pig-iron from the cars at the Bessemer works."

Puerperal Insanity.

Before the Liverpool Medical Institution, Dr. J. Wigglesworth read a paper which consisted in an analysis of seventy-three recent cases of this affection, under observation in Rainhill Asylum. Puerperal insanity was looked upon as a genus of which the insanities of pregnancy, parturition, and lactation constituted the species, and the report dealt

with ten cases of the first class, thirty-one of the second, and thirty-two of the third. The insanity of pregnancy was found to be the least frequent of the three varieties, and it was also the least curable; the disorder showed a tendency to develop in the later, rather than in the earlier months of gestation, and the influence of parturition was not immediately beneficial, in some cases having a contrary effect; the form of mental disorder was as often mania as melancholia. In the second variety of the disorder—the insanity of parturition—the most salient points were, that it occurred most frequently in primiparae, and that the symptoms in the great majority of cases commenced in the first three weeks after parturition; that the form of mental disorder was more frequently mania than melancholia, and that the percentage of recoveries was high. The opinion was given that there was nothing at all peculiar in the character of the mental symptoms taken by themselves. The third variety—the insanity of lactation—presented the highest recovery rate; first lactations were not specially liable to insanity, the tendency being the other way, and the affection showed a tendency to commence in the earlier, rather than the later, months of lactation; the form of mental disorder was more frequently melancholia than mania. The prognosis was least favorable in the insanity of pregnancy, and most so in that of lactation, as shown by the following percentages:

	Pregnancy.	Parturition.	Lactation.
Recovery rate	60	74	85.7
Death rate	20	14.8	7.1
Incurable rate	20	11.1	7.1
Average duration of recovered cases	1 year.	8 4-5th mos.	7¼ mos.

Traumatic Inguinal Aneurism—Rupture of Sac—Ligature of the Common Femoral and External Iliac Arteries.

Before the Clinical Society of London (February 26), Mr. C. Mansell Moullin read a paper on this case. The patient, a slight-built man, æt. 34, had received a severe blow in the groin from the edge of a flat piece of iron about four weeks before admission. There was a good deal of swelling and discoloration about the part for some days, but this, according to his account, disappeared almost completely. Three weeks after the blow the swelling reappeared again, and continued to increase, until the morning of admission, when during some effort he was seized with violent pain and a large pulsating tumor made its appearance in the groin, extending into the scrotum and perineum. The foot and leg were not much swollen, but

the skin in the groin was red and œdematous, and the scrotum much discolored. An incision was made into the swelling over the femoral artery (after an abdominal tourniquet had been applied), and a longitudinal slit found in the wall of the vessel, immediately under Poupart's ligament. A director was passed down it, the artery separated and tied below the injured part with catgut. A fresh incision was then made above Poupart's ligament for the purpose of securing the external iliac above the rupture. No other vessel was tied. The blood clot, some of which was old and very adherent, some quite recent, was turned out as far as possible, a large drainage-tube inserted, and the limb carefully wrapped up in cotton wool. The subsequent course was perfectly simple, except that the wound suppurated freely, and until a side opening was made, remained full of decomposing clots. The limb wasted exceedingly, and a small slough formed on the side of the heel, but the gangrenous patch was only the size of a shilling. Four months after, pulsation could just be detected in the posterior tibial and perhaps in the anterior.

Necrosis of the Lower Jaw from the Medicinal Use of Phosphorus.

Before a recent meeting of the Clinical Society of London, Mr. Hutchinson read brief notes of this case. The patient was a lady, aged 65, who was seen by Mr. Hutchinson in November last, when the whole lower half of the face was enlarged, and several sinuses opened externally. Bare discolored bone was exposed in the mouth along the whole length of the alveolus. There was also a large deposit of new shell. The discharge was profuse and foetid in the extreme. As to the origin of the necrosis, which resembled that due to phosphorus, it was elicited from the patient that she had "been taking phosphorus for the last two years, and had quite renovated her brain thereby;" the truth being that, save for a few intervals, she had during the time named been taking three Kirby's pills daily, each containing one thirty-third of a grain of phosphorus. The condition of the patient being much reduced, operation was deferred, pending improvement in her general health, until the present month, when, after consultation with Sir James Paget, Mr. Hutchinson removed about four inches of the dead bone, without having to resort to cutting instruments, although he feared at first that this would be necessary. The patient made an excellent

recovery. Mr. Hutchinson remarked that Kirby's phosphorus pills were in very extensive use, but that this was the first case that he had seen in which jaw-disease could be traced to the medical use of phosphorus. The patient had carious teeth, and inflammation of the jaw had begun in connection with one of them, and probably about six or nine months after the taking of the pills commenced.

A Unique Case.

The well-known Prof. Westphal reports the following highly interesting and unique case in the *Berl. Klin. Woch.*, 3, 1886:

A boy, æt. 12, four or five years ago suffered with scarlatina. He got well, and for four weeks remained healthy. Suddenly in the night he was seized with complete paralysis of all four extremities, and perfect immobility. The day before he is said to have complained of a peculiar sensation in his limbs, formication in the hands, and pains in the feet. While paralyzed he suffered greatly from thirst, heat, and profuse perspiration. In the beginning these attacks occurred every four to six weeks, later several times a week, and they usually lasted one day and one night, though occasionally also 48 hours. In the intervals the boy enjoyed perfect health. There is no neuropathic hereditary disposition. In the hospital, from January 7 to April 23, 1885, eight attacks were observed, which all reached their acme during the night. First, weakness of the lower, then such of the upper extremities set in; then a sharp pain attacked the legs, especially the heels; the thirst became intolerable, and the boy had a frequent desire to urinate, to which occasional inability to pass it became added. The weakness ended in complete palsy. Turning of the head, coughing, and sneezing, also became difficult. General sensation normal; feet, reflex wanting, cremaster and abdominal reflexes normal. Knee phenomenon diminished at height of seizure. Sensorium intact. For about fifteen minutes, near the acme of the attack, faradic as well as galvanic electro-muscular contractility was completely abolished.

Prof. Westphal shows that this unique case must not be mistaken for one of periodical paralysis as usually described. The spleen was not enlarged, there never was any regularity in the attacks, and quinine had no effect, so that latent malaria could not have been the cause. Westphal admits his inability to discover the pathogenic element and the real nature of the malady.

Pelvic Abscess Simulating Uterine Fibroid.

In this case, wherein the diagnosis of soft uterine fibroid was made, the patient was thin and anæmic. The abdomen was somewhat distended. A smooth, elastic swelling was felt rising up from the pelvis to the level of the umbilicus; it was not tender. The swelling was symmetrically situated with regard to the middle line. It was dull on percussion; laterally, beyond the limits of the swelling, the abdomen was resonant. Nothing could be heard on auscultation over the tumor. The patient was put under the influence of ether in order that the relations of the swelling might be the more thoroughly determined. Through the speculum a sanious discharge was seen to be issuing from the os externum. A catheter having been passed to make certain that the bladder was empty, a swelling was felt in front of the cervix, depressing the anterior fornix. Bimanually, this swelling was found continuous with that already noted in the hypogastric region. The uterus was movable; every upward impulse given to the cervix moved the tumor with it. The body of the uterus could not be made out distinct from the tumor. It was thought that the latter extended rather further towards the left than to the right. The sound was not used on this occasion. The temperature was 101.4° on admission, and varied for some six weeks subsequently from 102° at night (on one occasion 103.5°) to 99° in the morning. Dr. A. H. N. Lewers, who reports the case in the *Lancet*, March 6th, drew off a pint of very offensive pus by the aspirator, and the patient made a good recovery.

Application of Iodoform in Diphtheria.

Dr. A. F. Richmond writes to the *Lancet* to say that he has cured a very severe case of diphtheria by means of iodoform only. It was applied to the patches on the palate and the fauces (with a camel-hair pencil moistened with mucilage) three times a day. The child also inhaled vapor of iodoform whenever he suffered from dyspnea, and was invariably relieved by it. The vapor was produced at the lowest possible temperature, so as not to change its chemical and curative properties. The child was unable to swallow for two days previously to being seen by Dr. Richmond, and within half an hour of the application of the iodoform he was able to take a little milk, and afterwards continued to drink with ease. The tongue became clean, and remained so. The child cut three teeth during his illness (which lasted thirteen days) and was highly salivated to-

wards the termination of the complaint. The salivation was, however, only a little more than might take place in a perfectly healthy child when teething. There was no hyperpyrexia, and the muscular nerve-twigs were not affected; consequently he has had no paralytic symptoms, and is now in good health. Dr. Richmond has also been using iodoform with marked benefit in the treatment of various other complaints, viz., phthisis, erysipelas, herpes, burns, and scalds.

Deformed Penis.

In the *Virginia Med. Mo.*, Dr. R. H. Baylor says that he was called to visit an infant child. On reaching the house, the mother presented her child for an examination, saying, the "bottom parts were out of order." The child was two weeks old and had a very healthy look, and was as large as children at that age. Upon an examination of the privates of the child, he found a very uncommon deformity. He had never, in an active practice for thirty-five years, read of or seen a case like it. The root of the penis was attached firmly to the ossa pubis, but the body of the penis could not be seen, being deeply buried under a continuation of the abdominal skin and muscles. The scrotum was not divided into two lateral halves by the raphé, but the scrotum resembled a large bag and was sinuous. After examining the scrotum carefully, the two testes were found, and between them the penis could be distinctly felt. The glans-penis made its exit about the middle of the scrotum, between the testes. The glans-penis had its usual appearance and was covered with the prepuce, and at the apex the meatus urinarius was seen. The child passed water freely while he was making the examination. An operation will relieve the deformity.

Cyclic Albuminuria.

This condition, to which we have already called attention, is one that should be understood by all, for it will frequently happen that cases will offer, such as the one presented to Dr. Pavy (*Lancet*, March 6), where a young man, who supposed himself, and who was supposed by all about him, to be perfectly healthy, was rejected for a position because albumen was found in his urine. In this case albumen was never to be found early in the morning; about noon it was abundant, and by bed-time it was gone. The experiment of fasting was tried, without any effect, but when he remained in bed until

noon, no albumen was found. This is an important fact, the intimate nature of which Dr. Pavy does not attempt to explain. We ourselves have frequently examined urine from patients in the morning, when we would find scarcely a trace of albumen, and, in some cases, none at all, whereas that passed after an active day would be full of it. The moral of such cases is not to jump at a conclusion that a patient has organic disease of the kidney, because we find albumen in the urine.

The Pathology of Arterio-Capillary Fibroid Kidney.

Next to or even equal with the pulmonary functions, the renal functions stand foremost for the maintenance of health. If the former represents aërial respiration, the latter represents aquatic respiration. The one clears the system of gaseous, the other of solid excreta. The function of water in the body is probably not yet as much considered as it deserves to be, and our practical ideas of the circulation are too much restricted to the onward current through the capillary vessels, whilst the interstitial circulation, the transit of the blood plasma and water through the textures of the organs, is too often ignored.

Sir William Gull points out, in the April number of *The American Journal of the Medical Sciences*, that it is in the course of this interstitial circulation through the arteriole and capillary walls, that the first difficulty occurs which leads on to arterio-capillary fibroid changes, whether in the kidney or elsewhere. The changes are characteristic of a wide-spread pathology of the vascular system, supervening about the middle and later periods of life.

The Size of the Incision in Ovariectomy.

This question has been much discussed, and the size that the incision should be made is given variously by different authors. In the *Med. Press* (March 3) Dr. Lombe Atthill tells us that he has always followed the example set by Sir Spencer Wells, and made as large an opening in the abdominal wall as would enable him to see what he was doing, holding that the size of the incision does not affect the chance of recovery. Of course it should not be larger than necessary; but he holds that it is not wise to force a semi-solid tumor through a small opening, and still more so not to leave space sufficient to enable you to see clearly any bleeding point. Mr. Lawson Tait, on the other hand, insists strongly that the incision should be as small as possi-

ble, and that a large one tends to favor the formation of a hernia. We cannot agree in this. He has now been watching cases for fifteen years; several of these have had children, and others have large pendulous abdomens, but in not one has he seen a hernia to form through the line of the incision, and the fear of its occurrence will never deter him from making one sufficiently large for the object he has in view.

Case of Reproduction of Upper End of Femur after Jordan's Operation.

To a recent meeting of the Medical Society of London Mr. Edmund Owen showed a boy, aged 6, who had been admitted for long standing hip-disease on the left side. An abscess had formed in the knee of the same side, and another in the right wrist, which were both opened. The wound in the knee did badly, and the hip-mischief became more pronounced, so that ultimately it was decided to amputate at the hip by Jordan's method. The operation was successfully carried out, but in this case the periosteum was stripped from the bone and left in. At this time the boy's liver was enormously enlarged, and his urine was solid with albumen. As soon as he came round somewhat from the operation he was put on tonics, and treated to a liberal dietary, and plenty of fresh air and sunlight, and his condition rapidly improved, the liver becoming smaller and the albumen less. The result as regarded the hip was very satisfactory, bone having reformed from the periosteum, with the result of leaving a stump which would be very useful for the purposes of an artificial limb.

The Effects of Loud Sounds on the Organs of Hearing.

At the Philosophical and Medico-Chirurgical Societies of Glasgow, Dr. Barr has read papers embodying the results of his inquiries into the effects of loud sounds on the organ of hearing, in the case of boiler-makers and others who work among noisy surroundings. The facts he has brought out are only what might be expected from continuous noise acting on a delicate structure like the human ear; but the extent to which defective hearing proceeds under these abnormal conditions is brought out more fully, when we learn that the hearing-power of boiler-makers is only about 9½ per cent., as compared with the normal standard of hearing. Dr. Barr's graphic description of the influences that bring about this state of matters in the case of the "holders-on," men who work inside of

boilers, readily explains this unfortunate result of our advanced industrial civilization. Dr. Barr suggests as a remedy for preventing this defective hearing, the wearing of an India-rubber hollow cushion or plug.

The Panacea of Modern Gynecology.

Dr. Parvin thus writes in the *Med. News*: Winckel, in his *Lehrbuch der Frauenkrankheiten*, which has just been published, speaks of laparotomy as the panacea of modern gynecology. Such conservatism is not in correspondence with the spirit of the times when so many speak of a "Battey," or of a "Tait," as a frequent event, and regard extirpation of the ovaries, or of the tubes, or of both, as an operation the indications for which are often presented and are unequivocal. Possibly, however, the voice of conservatism ought to be heard in this, as well as in some other departments of operative gynecology. If the history of some at least of those whose sound ovaries have been removed were given months or a year or two after the extraction, it would be found that no good had resulted. Winckel regards the time as not far distant when the extirpation of the healthy ovaries for the cure of dysmenorrhœa, ovaralgia, epilepsy, hysteria, and mental disorders, will be considered in the same light as clitoridectomy, except that the latter was much more innocent and harmless.

Syphilis Transmitted by an Eustachian Catheter.

A strong man, aged 58, consulted M. Lancereaux at the Pitié Hospital in Paris for an eruption which began to appear a month ago, and eventually invaded the limbs, trunk, and head. This eruption presented the characteristic features of syphilis. The occipital and submaxillary glands were congested. The patient did not present any indication of primary syphilis. He was deaf, and had consulted an aurist on September 13th. A catheter was then passed into the Eustachian tube; the operation was repeated, when the patient's nose bled. M. Lancereaux, remembering former cases of contagion under similar circumstances, immediately recognized the possibility of contamination from the bougie. Infection must have taken place the first time the bougie was passed. On the second occasion, there was probably a chancre, which explained the bleeding from the nose.

Amblyopia and Monoplegia.

Dr. Suckling showed to a recent meeting of an English medical society a child with

paralysis of the right hand, and amblyopia. Several months previously, it had been seized with vomiting, followed by Jacksonian epilepsy; the convulsions always beginning in the right hand, and then passing to the right side of the face, then to the right leg. Three months ago, the convulsions ceased to occur; but the right upper extremity remained paralyzed, and had become rigid. Latterly, the child had lost its sight, running into objects, and not recognizing its parents. The pupils responded normally, and there was no change in either fundus; there was a marked history of phthisis on the mother's side. Dr. Suckling considered that the monoplegia indicated mischief in the convolutions around the left fissure of Roland, and that the amblyopia was due to extension backwards to, and implication of the angular gyrus, and possibly, also, of the outer surface of the occipital lobe.

A Case of Multiple Myomata of the Skin, accompanied by Severe Pain.

Dr. W. A. Hardaway records, in the April number of the *American Journal of the Medical Sciences*, an interesting case which, viewed from a purely clinical standpoint, bears a strikingly close resemblance to the cases recorded by Duhring and Kosinski, which were looked upon by the authors mentioned as instances of pure neuroma of the skin. From a careful study of these cases, Dr. Hardaway feels justified in concluding that certain new growths in the skin and subcutaneous tissues, accompanied by severe pain, both of a spontaneous character, and as produced by direct irritation, may be of widely different histological structure; and that, therefore, from a clinical standpoint, we are not justified in assuming that a painful tumor or tubercle is a neuroma (fibro-neuroma) from the subjective symptoms that it presents, or from the macroscopic character of the lesions.

Partial and Sometimes General Chorea Minor from Naso-pharyngeal Reflex.

In the April number of the *American Journal of the Medical Sciences*, Dr. A. Jacobi calls attention to a form of partial or local chorea minor, affecting the muscles of the face and upper portions of the trunk, which has for its local cause an abnormal condition of the nasal and pharyngeal mucous membrane, with its influence on the terminal sensitive ends of the trifacial nerve. It is the muscles which are supplied by the terminal ends of this nerve which are first affected, but later the other muscles of the

upper extremity, and finally of the whole body, may participate in the choreic movements.

CORRESPONDENCE.

Pruritus of the Anus.

EDS. MED. AND SURG. REPORTER:

"W. E. C." asks for suggestions for the treatment of pruritus ani. These local manifestations of disease usually owe their origin in part to derangement of the general system, and any indication in this respect should be attended to at once. If the patient's tongue is furred, he should have five grains of calomel and five grains of blue mass made into a pill once or twice a week (for a week or two), followed by a saline purgative the morning after the mercurial dose, and take for a few weeks, (with or without the addition of five drops of Fowler's solution with each dose,) the following alternative:

R. Iodide potassium,	3 ij.
Aqua distil.,	3 vi.
Fld. ext. quassia,	3 ss.

Sig.—Shake well.

Dose.—A tablespoonful after each meal.

The local treatment should be commenced by the institution of the most perfect cleanliness. The patient should be instructed to wash his anus well with a cloth and cold water after each action of the bowels, and then to bathe his anus with the following wash:

R. Hyposulphite of soda,	3 ss.
Carbolic acid,	2 ij.
Aqua distil.,	3 iv.
Glycerine,	3 ij.

Mix. Sig.—Shake the wash well, and use freely after first thoroughly washing the anus with cold water.

In addition to this treatment, the patient must every night or two, after undressing for bed and washing and drying his anus, lie upon his face, and with his hands behind him, separate his nates as widely as possible, and be instructed to strain as at stool, and while thus straining the anus will protrude, and while the anus is protruding in consequence of the strong effort, five or ten grains of pulv. iodoform must be sprinkled upon the anus from a knife or spatula by an assistant. The minute eruption which causes this most distressing itching will be found most abundant at the junction of the mucous membrane of the rectum and the skin of the anus, and it is at this situation that the application does the most good. The patient should allow the iodoform to remain in the

position of its application during the night, repeating during the day his ablutions of the anus after each action. The probability is that after two or three nightly applications of the iodoform all pruritus will disappear; but the patient should be directed to have the application of the iodoform continued three or four times a week until he is entirely relieved. I have never known a case to resist this treatment, and frequently washing the anus well, and nightly applying the iodoform, is the only treatment I prescribe.

J. B. JOHNSON, M. D.

Washington City, D. C.

NEWS AND MISCELLANY.

American Medical Association.

SPECIAL NOTICE.

To delegates and others who will attend the meeting of the American Medical Association, St. Louis, May 4th to 8th. Parties located east of Buffalo, Niagara Falls, Pittsburgh, and Parkersburg, will apply by mail to Secretary of Trunk Line Committee, 346 Broadway, N. Y., for certificates. Parties west of points named above and east of the Mississippi river, and north of the Ohio river, will apply to Geo. H. Daniels, Commissioner C. P. C. Chicago, Ills., for certificates. Parties south of the Ohio river, and east of the Mississippi river, will apply to M. Slaughter, Commissioner, Richmond, Va. Parties from Missouri river points, and from Chicago, will apply to E. P. Wilson, Arbitrator, Chicago. Points in the west and local points on the lines centering in St. Louis, will be arranged for by agent at starting point or upon arrival here.

Delegates in making application to the above-named persons for a certificate, must not forget to enclose a two-cent stamp to pay postage on the return letter enclosing to them the certificate. This must be done to insure the certificate being sent. Any delegate who fails, after making every effort, to get a certificate in due form, will take a receipt from the Ticket Agent at the point from which he starts, for amount of full fare paid by him, coming to the meeting; and in this receipt be particular to have named the form and number of ticket, and the road over which he will come. If not directly on one of the lines entering into this arrangement of reduced rates, pay your fare only to it, and then pay your full fare from that point, securing your certificate or receipt as above directed. State, County, or City Societies

can apply for the number of certificates they may wish, and have the number wanted sent in one envelope, instead of applying individually.

Round trip tickets from Chicago, Ills., also from New York, Richmond, Va., and Washington City, D. C., by Chesapeake and Ohio Railroad.

Members of the American Medical Association, or members of any medical societies, who may see the above, will please report it to individual members, or their societies, and try to get a notice of same in their city or county newspaper.

R. M. JORDAN, M. D.,
Chairman Transportation Committee,
St. Louis, Mo.

The Vanderbilt Clinic.

At a meeting of the trustees of the College of Physicians and Surgeons of New York recently, Dr. James W. McLane, a member of the faculty, and the physician of the late William H. Vanderbilt, announced that the four sons, Cornelius, William K., Frederick W., and George W., wished him to present to the trustees, on their behalf, the sum of \$250,000 for a building in memory of their father. They contributed in equal shares to the gift. The building will be especially designed for the purpose of clinical instruction, a part of the sum only to be used for the structure, and the rest to be invested as an endowment fund. It is the desire of the donors to have it a charitable institution also, at which people may be treated gratuitously for any disease.

The trustees accepted the gift with pleasure. The new building will probably cost about \$100,000, and will stand on the corner of Tenth avenue and Sixtieth street, on the land bought with W. H. Vanderbilt's \$500,000 gift, and next to the Sloan Maternity. It will be called "The Vanderbilt Clinic." Its Board of Management will consist of Frederick W. Vanderbilt for the donors, Dr. J. C. Dalton as President of the College, Dr. W. H. Draper for the trustees, and Dr. H. B. Sands and Dr. J. W. McLane for the faculty. The new clinical buildings will form, with the other new buildings now being erected, a set of structures perfectly adapted for a medical college.

This gift makes an even million which has been given to the college since October, 1884, the date of William H. Vanderbilt's \$500,000 gift. Of this \$500,000, \$200,000 was used in purchasing the twenty-nine lots between Fifty-ninth and Sixtieth streets on

Tenth avenue, and the rest is to be expended on the new building. In January, Mr. and Mrs. Sloan will give \$250,000 for the Sloan Maternity.

The work on the new building will be begun at once, and it will be completed as soon as the others. The corner-stone of the college building was laid on Saturday, April 24, by George W. Vanderbilt, and Chauncey M. Depew delivered an oration.

Professor of Anatomy in the Jefferson.

The election of a successor to Dr. W. H. Pancoast as Professor of Descriptive and Surgical Anatomy in the Jefferson Medical College has become a leading topic in medical circles, because of the failure of the trustees to make a selection at their last meeting, none of the applicants having received a majority of all of the votes cast. The applicants are: Drs. S. W. Forbes, W. W. Keen, O. H. Allis, G. W. McClellan, and J. Ewing Mears. The selection is made by the trustees in secret session from the list of applicants, and they vote by ballot. The trustees are Dr. E. B. Gardette, President; General Charles M. Prevost, Judge James R. Ludlow, James Campbell, George W. Fairman, Joseph Patterson, Joseph Allison, Furman Sheppard, D. B. Cummins, Simon Gratz, Edward H. Weil, Dr. Ellwood Wilson, B. B. Comegys, Henry C. Gibson, and Joseph B. Townsend. They were all seen recently, except Messrs. Gibson and Sheppard, who were out of the city, and Messrs. Ludlow and Gratz, who are ill, and declined to express any preference. There is no difference among the trustees that is likely to lead to any trouble over the selection of a Professor of Anatomy, and the general opinion is that a selection will be made without difficulty at the next meeting, which will be held on the 26th inst., at 8 o'clock p. m.

Water, and Plenty of It, Wanted.

A petition to Councils is in circulation, signed by men who represent the greater part of the five hundred million dollars which are invested in local industries. They ask for an abundant and certain supply of water.

The petitioners—all merchants or manufacturers—declare that they now pay a higher water rate in many parts of the city than is paid in New York, Boston, or Baltimore. They say that at present, and for years past, there has neither been enough water nor has the supply been reliable and

sufficiently free from foreign matter, thus hampering the growth of industries.

This is true, and worse than true. The remedy lies within the power of Councils. They have now the means to provide for a better water supply, and there should be no delay in getting it. The health and prosperity of the city depends on an adequate water supply. The warning raised by the manufacturers is too serious to be overlooked by Councils.

The Vagaries of an English Jury.

The verdict of acquittal in the Bartlett poisoning case, which has caused much excitement in England for several weeks past, is a curious comment on the insight of a British jury, as the case itself has been a curious comment on certain phases of British domestic life. Mrs. Bartlett expected Mr. Bartlett to die, and as she had grown to think a good deal more of her minister, Mr. Dyson, than of her husband, she concluded, with the consent of the sick husband, to treat the parson as if Mr. Bartlett were dead or did not care. So the parson and the Bartlett woman enjoyed their mutual attachment till Mr. Bartlett began to get better, when Mrs. Bartlett concluded to remove him by means of chloroform. According to common sense, Preacher Dyson and Mrs. Bartlett both ought to have been hanged; but this London jury did not think so. They will all probably join the Dilke colony and live down mere refined notions of morality.

The Burn-Brae Hospital for Mental Diseases.

This excellent institution, located a few miles from Philadelphia, has been in operation for more than a quarter of a century, and now numbers its friends in all sections of the Union. No better proof of the confidence reposed in its management by the profession and the community at large could be given; than the extensive improvements and additions that have been made during the last few years. The object of the institution is that it shall be made in every respect a home for its inmates. The location is beautiful and salubrious; the house, though possessing all the safeguards and appliances of a public hospital in external appearances and internal regulations, presents nothing forbidding or gloomy. We can speak from long personal knowledge of the confidence which may safely be placed in the management of Burn-Brae. The post-office address is Dr. R. A. Given, Clifton Heights, Delaware county, Pa.

Oleomargarine.

The Dairymen's Association of this city are proceeding to prosecute all persons found selling or manufacturing oleomargarine or any imitations of butter. This action will doubtless result in a judicial determination of the constitutionality of the law of May 21, 1885. Similar laws have been declared unconstitutional in other States, but Judge Simonton, of the Dauphin district, decided some time ago that as the act was entitled "an act for the protection of the public and to prevent adulteration of dairy products and fraud in the sale thereof," the Legislature had the constitutional power to pass such an act in the interest of the public health. The Supreme Court has not rendered any decision upon the subject, but the action of the Dairymen's Association is sure to lead to the carrying of a case to that body for final adjudication.

Atlantic City in Spring.

Dr. Boardman Reed, of Atlantic City, says of the spring season there: "Lent having begun later than usual this year, our spring business was a little late in beginning. But the hotels have never been fuller in any previous spring than they have this year since the season has been fairly open. The proprietors of all the principal houses bear testimony to this. The smaller houses, especially the boarding cottages, have not all done so well. They do not usually fill up entirely until well along in April or May. You ought to mention the important fact that Atlantic City is now the best sewered of all the New Jersey resorts.

Measles at the Prussian Court.

A dispatch from Berlin says that the epidemic of measles is spreading throughout the highest circles. The seven members of the Crown Prince's family affected by the disease have all recovered. The Prince himself furnished the severest case in his family. Other sufferers are Duke Earnest, the brother of the wife of Prince William; the Princess Charlotte, of Mecklenburg-Schwerin, and Count Olynhausen, the master of court ceremonies.

Apparent Hydrophobia.

Arthur S. Parvin, a farmer at Parvin's Mills, near Vineland, N. J., died recently, after suffering great agony for two weeks, during which he manifested all the symptoms of hydrophobia, although his disease

was supposed to be congestion of the brain. It is remembered that about a year ago he was bitten by a dog.

Artificial Cocaine.

Mr. Merck, of Darmstadt, according to a German journal, has succeeded in manufacturing cocaine from benzoyl-ecgonin, a body previously discovered by himself. He proceeds in the following manner: Several grams of benzoyl-ecgonin, with a slightly larger quantity of iodide of methyl and a little methyl alcohol, are heated in a tube to 100°. The mixture is digested in a water-bath, to expel the undecomposed iodide of methyl and methyl alcohol. From the syrupy residue cocaine is extracted as a hydriodate. From this salt, pure cocaine, dissolving at 98°—the same as natural cocaine—is produced. The artificial substance is found to answer all tests.

American Medical Association.

The special arrangements for St. Louis having been completed, those who desire to go at the reduced rates should at once apply to the undersigned. The entire expenses from Philadelphia and return will be \$40; this includes railroad ticket, sleeper, and meals. Those who desire can stop over at Baltimore, Washington, and Cincinnati.

WM. B. ATKINSON.

The Fasting Girl of Lacrosse.

Anna Belle Langan, the nine-year-old girl who has been fasting for forty-seven days, is still strong and lively. She has an abhorrence of food, and positively refuses to eat a mouthful, even the juice of oranges. She looks comparatively well, and weighs about sixty-five pounds.

American Medical Association.

The Rush Monument Committee will meet on Monday, May 3, at 4 p. m., in the large parlor of the Lindell House, St. Louis, Mo., which will be the headquarters of the committee during the meeting of the Association.

ALBERT L. GIBON, M. D.,

GEO. H. ROHÉ, M. D., *Chairman.*

Secretary.

Personal.

—Dr. Getchell will sail for Europe on June 26, to remain till October. Mrs. Getchell and her daughter go with him.

—Sir Henry Taylor, although eighty-six

years old, was in good health and took lunch with his family up to the day of his unexpected death. After that meal he remained sitting at the table after the others left the room. Presently a servant spoke to him, but received no answer, and approaching found him dead.

—Dr. Oliver Wendell Holmes will leave Boston for Europe during the present month, and will pass the summer in Europe. It is just fifty years since he last visited Europe.

Items.

—The use of calf-lymph for vaccination has been made compulsory in the Grand Duchy of Baden, from March 1.

—A gratis vaccination service has been organized at Tunis. Prizes are given to parents of children from whom vaccine can be taken.

—For *nervous vomiting*, with constipation, in a healthy girl, Prof. Bartholow directed one of the official pills of aloes and asafetida, ter die.

—Herr v. Gossler, medicinalrath, has announced that from next summer students in Prussian universities must undergo instruction in vaccination with animal lymph.

—Cholera is now prevalent in Brittany, France, the nearest point to America yet reached. There have been about twenty deaths this winter,

—The demand for cocaine has, like that for bromides and chloral, extended to the general public. One drug store in New York City sells no less than six ounces each month.

—Vaccination from the calf is now practiced at four of the public vaccine stations at Calcutta; and Dr. O'Brien, the health officer, reports that it is not now regarded with disfavor by the people.

—Dr. H. J. Bigelow has declined to accept the appointment which was tendered him at the Massachusetts General Hospital as "surgeon emeritus," and also the five beds which were placed at his disposal.

—For a case of *gonorrhæal rheumatism*, Prof. Da Costa directed that blisters be applied around the joint, and that the patient take a capsule containing m_v of the oil of sandal-wood, four times a day.

—Prof. Da Costa treated a case of *cerebral embolism*, causing right hemiplegia, with digitalis; to aid in restoring the collateral circulation, potassium iodide, quinine and laxatives. Result, perfect recovery.

—The Western Pennsylvania Medical College is the name chosen for the newly-organized college in Pittsburgh, Pa. We are informed that it has been liberally endowed, and will begin lectures in October next.

—Col. Waring will deliver the annual oration before the Medical and Chirurgical Faculty of Maryland, on the second day of the meeting (April 28, at 12 o'clock m.); title, "The Removal and Destruction of Organic Wastes."

—Dr. Joseph Holt, President of the Louisiana State Board of Health, has been appointed a member of the Council of the Section on Public Health and Hygiene of the next International Congress, Dr. Joseph Jones, of New Orleans, being President of the Council.

—The Society of the Alumni of the Medical Department of the University of Pennsylvania held its annual meeting March 26, in the chapel of the University. The address was delivered by Dr. Charles Gilman Smith, of Chicago. A reception to the orator followed the business session.

—Dr. M. Bertin, of Dijon, having ligated the common carotid for the cure of an "angioma," found, two years later, that a new carotid artery had formed, slightly smaller perhaps than the original, but the pulsations were distinctly visible.

—The government of Spain have information to the effect that suspicious cases of illness have occurred in the mining district of Bilbao, and that two cases have been pronounced to be cholera. A later account contains the usual denial, but it will be recollected that the disease prevailed in this locality late during the course of last autumn.

OBITUARY NOTICE.

DR. ANDREW NEBINGER.

Dr. Andrew Nebinger died in this city last week at a good old age. Dr. Nebinger worthily represented the active life of the old Southwark district of this city, which even after the nominal consolidation of the city retained, and still retains, like half a dozen other districts, so much of the character of a separate community. This is not saying that Dr. Nebinger was any less a Philadelphian, or that his interests were narrow or sectional. It is simply a recognition of a very important fact, that a mere act of Assembly cannot wipe out a social organization, though it may change its political relations and lead to its ultimate absorption. In the neighborhood in which he lived Dr. Nebinger occupied a

position like that of a village doctor, and a nobler position than this no man need aspire to. He was the first man of the community, the guide, philosopher and friend of all—a sort of patriarch, in his later days, around whom the best impulses of the neighborhood always centered. The people knew him and trusted him, and though they repeatedly rebelled against his counsel, they generally came back to him at last, when there was need to defend the interests or the honor of the ward.

Dr. Andrew Nebinger and his brother, Dr. George W. Nebinger, represented the Second ward in the Board of Education continuously for more than a quarter of a century, with the single exception of an interval of two months in 1865. At the fall election of 1864 the Republicans elected three members of the local school board in the Second ward, the Democrats electing only one. These, with the three holding over members, made the school board a tie, each party having six members. Dr. George W. Nebinger had long represented the section in the Board of Education, but partisan feeling was as strong then as now, and when the school board met the following June to elect a member of the Board of Education, six members voted for Dr. Nebinger and six voted against him. The sectional board continued balloting with the same result throughout July, August, and on up to the middle of September, when one Republican member broke the tie by voting for Dr. Nebinger.

QUERIES AND REPLIES.

Answer to the query of W. C. E., of Minn.—Wash locally night and morning with a solution of borax f.3i to a pint of hot water, with a sponge, and apply with a camel's-hair pencil continuously for three minutes the following:

R. Sodii bicarbonat.,	5ij
Aeidi carbolici,	gr. xxx.
Glycerini,	5ij.

Mix, bottle and fasten a camel's-hair pencil by means of a cork-cutter in the cork, and apply the mixture thoroughly and continuously each night and morning to the itching parts, until relief is produced.

The suggestion came from an article somewhere in the *REPORTER*, and has been found to be entirely effective.

Very respectfully, J. W. C. O'NEAL, M. D.
Gettysburg, Pa.

Dr. W., of Indiana.—1. What is the technical name of the opium habit? 2. What is its best treatment?

Ans.—The technical name is opium, or morphinomania. For the treatment we must refer you to the various monographs on this subject.

EDS. MED. AND SURG. REPORTER:

Dr. W. C. E., of Minn., asks, in the issue of the *REPORTER* for April 3, for suggestions in the treatment of obstinate "pruritus ani." Anoint the part freely with an unguent composed of citrine ointment, 1; cosmoline, 3; then apply as much dry calomel as can be made to adhere by rubbing. Repeat this process once daily for a week, when the cure will be complete.

The same treatment is equally efficacious in "pruritus vulvae," as well as chronic eczema, tetter, and some other cutaneous affections, although not so prompt in the latter disease as in pruritus. The amount of citrine ointments must vary with the indications in each case.

Meadeville, Pa., April 14, 1886.

J. C. COTTON, M. D.